FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1.	NAME OF COMMITTEE (in full)	USE FEC MAILING LABE OR TYPE OR PRINT ₩	Example:If typing, over the lines	type	
	National Association of Insur				
L					
AD	DRESS (number and street)	2901 Telestar Court			
	Check if different than previously reported. (ACC)	Falls Church		VA VA	22042
2.	FEC IDENTIFICATION NUM	IBER ▼	CITY 🛕	STATE	ZIPCODE 🛕
	C00005249	3.		N) OR A	MENDED
4.	TYPE OF REPORT (Choose One)	Due On:	V	H	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M9) Dec 20 (M12)
	(a) Quarterly Reports:		· · · H	H	Year Only)
	April 15 Quarterly Report(C July 15 Quarterly Report(C October 15 Quarterly Report(C January 31 Quarterly Report(Y	(c) 12-Day PRE-Election Report for the	Primary (12P)	General	(12G) Runoff (12R)
	July 31 Mid-Year Report(Non-electio Year Only) (MY) Termination Repor (TER)	Post -Election Report for the	,) Runoff (Special (30S) in the State of
5.	Covering Period 0 9	5 01 2007	through	05 31	2007
	ertify that I have examined this be or Print Name of Treasurer	Report and to the best of my Peter C. Browne	knowledge and belief it is	true, correct and complete.	
Sig		nically Filed by Peter C. B		Date 0 6	1 5 2 0 0 7 e penalties of 2 U.S.C 437g.
	Office Use Only		,	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	FEC FORM 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name National Association of Insurance and Financial Advisors Political Action Commit-[®] D D 0.5 0 1 2007 0.5 3 1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand [°]2007 138478.22 January 1 (b) Cash on Hand at 123542.59 Begining of Reporting Period 83913.00 372835.49 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 207455.59 511313.71 6(a) and 6(c) for Column B) 85124.54 388982.66 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 122331.05 122331.05 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 36005.10 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission

999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Commit-

tee

Report Covering the Period:

From:

м м 0 5 01

^Y 2 0 0 7

To:

м м 0 5 ^D 3 1

^Y 2007

I. Receipt	S	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than I (a) Individuals/Persons (
Than Political Comm (i) Itemized (use Sc		31638.21	90288.91
(ii) Unitemized		52274.79	282546.58
(iii) TOTAL (add Lines 11(a)(i) and	(ii)	83913.00	372835.49
(b) Political Party Comm	ttees	0.00	0.00
(c) Other Political Comm (such as PACs) (d) Total Contributions (a		0.00	0.00
11(a)(iii),(b) and (c)) Totals to Line 33, pag		83913.00	372835.49
Transfers From Affiliated/ Party Committees		0.00	0.00
13. All Loans Received		0.00	0.00
 Loan Repayments Receive Offsets To Operating Exp 	edenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, p		0.00	0.00
to Federal candidates and Political Committees	Other	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)		0.00	0.00
8. Transfers from Non-Fede	ral and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .		0.00	0.00
(b) Levin Funds (from Scl	nedule H5)	0.00	0.00
(c) Total Transfer (add 18	(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 12, 13, 14, 15, 16, 17, and		83913.00	372835.49
20. Total Federal Receipts (subtract Line 18(c) from I	ine 19)	83913.00	372835.49

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS

(a) Shared Federal/Non-Federal Activity (from Schedule H4)

(b) Other Federal Operating

22. Transfers to Affiliated/Other Party

Contributions to

24. Independent Expenditure

27. Loans Made.....

28. Refunds of Contributions To: Individuals/Persons Other

> (b) Political Party Committees (c) Other Political Committees

(d) Total Contribution Refunds

29. Other Disbursements.....

30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity

(i) Federal Share

(ii) "Levin" Share (b) Federal Election Activity Paid Entirely

With Federal Funds (c) Total Federal Election Activity (add

31. Total Disbursements (add Lines 21(c), 22,

32. Total Federal Disbursements

from Line 31).....

23, 24, 25, 26, 27, 28(d), 29 and 30(c))..

(subtract Line 21(a)(ii) from Line 30(a)(ii)

Lines 30(a)(i), 30(a)(ii) and 30(b))....

(from Schedule H6)

23.

(c) Total Operating Expenditures

(i) Federal Share.....

(ii) Non-Federal Share.....

Expenditures.....

Committees.....

Federal Candidates/Committees.....and Other Political Committees.....

26. Loan Repayments Made.....

Than Political Committees

(such as PACs)

(add Lines 28(a), (b), and (c))

(add 21(a)(i), (a)(ii) and (b))............

21. Operating Expenditures:

of Disbursements Page 4 **COLUMN A COLUMN B Total This Period** Calendar Year-to-Date 0.00 0.00 0.00 0.00 26124.54 94307.16 26124.54 94307.16 0.00 0.00 292500.00 58000.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 1000.00 2175.50 0.00 0.00 0.00 0.00 1000.00 2175.50 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 85124.54 388982.66

85124.54

388982.66

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	83913.00	372835.49
34.	Total Contribution Refunds (from Line 28(d))	1000.00	2175.50
5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	82913.00	370659.99
6.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	26124.54	94307.16
7.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88.	Net Operating Expenditures (subtract Line 37 from Line 36)	26124.54	94307.16

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 100
	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED REGEN 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Δ,	by information conied from auch Departs and Sta	tomonto mo	reat he cold or wood by any norce	
or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and F	inancial A	dvisors Political Action Com	nit-
Α.	Full Name (Last, First, Middle Initial) Mr. Michael J. Ables, LUTCF			Date of Receipt
	Mailing Address PO Box 2205			05 10 7 2007
	City	State	Zip Code	Transaction ID: R1678788
	Avila Beach	CA	93424-2205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		105.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify)	0 0	525.00	
В.	Full Name (Last, First, Middle Initial) Mr. Paul Adams			Date of Receipt
	Mailing Address 5101 Missy Maric Lane			05 10 2007
	City	State	Zip Code	Transaction ID: R1676309
	Las Vegas	NV	89130	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		72.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	-
	Primary General	33 -3		
	Other (specify) ▼	0 0	360.00	
c.	Full Name (Last, First, Middle Initial) Mr Emmette F. Albritton, II,LUTCF			Date of Receipt
	Mailing Address 20683 Running Creek C Suite A	hurch Roa		05 31 7 2007
	City	State	Zip Code	Transaction ID: R1682079
	Stanfield	NC	28163	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		220.00
	Name of Employer Self-employed	Occupation Insurance		Credit Card
	Receipt For:		Year-to-Date ▼	
	Primary General		440.00	
	Other (specify)	0 0	440.00	
s	UBTOTAL of Receipts This Page (optional)			397.00
\vdash	,			
т	OTAL This Period (last page this line number or	nly))	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 100 (check only one) X
An or	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may ne and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Firtee	nancial A	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. Jeffrey Leonard Allison, ChFC, CLU Mailing Address 401 Wampanoag Trail, #1 City Riverside FEC ID number of contributing federal political committee. Name of Employer Self-employed	State RI C Occupation		Date of Receipt M M
	Other (specify) ▼		300.00	
3.	Full Name (Last, First, Middle Initial) Ms. Carol A. Anderson, LUTCF, CFP Mailing Address 717 N. 87th St.			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Omaha	State NE	Zip Code	Transaction ID: R1679457
	FEC ID number of contributing federal political committee.	C	68114	Amount of Each Receipt this Period 50.00
	Self-employed 1	Occupation Insurance	e Agent	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
) .	Full Name (Last, First, Middle Initial) Mr. Robert B. Anderson, CLU			Date of Receipt
	Mailing Address 1456 Old Boones Creek F	Road		05 10 7 2007
	City	State	Zip Code	Transaction ID: R1679451
	Jonesborough FEC ID number of contributing federal political committee.	C	37659	Amount of Each Receipt this Period 50.00
	Self-employed 1	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			250.00
T	OTAL This Period (last page this line number only	<i>·</i>		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 100 (check only one) X 11a 11b 11c 12
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Association of Insurance and F			
A. 3.	Full Name (Last, First, Middle Initial) Mr. William C. Anderson, LUTCF Mailing Address 205 Whippoorwill Lane City Altamonte Spgs FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. William C. Anderson, LUTCF Mailing Address 205 Whippoorwill Lane	State FL C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: R1681718 Amount of Each Receipt this Period -250.00 DA Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Altamonte Spgs FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State FL C Occupation Insurance Aggregate		Transaction ID: R1679805 Amount of Each Receipt this Period 25.00 Payroll Deduction
C.	Full Name (Last, First, Middle Initial) Mr. William R. Anderson Mailing Address 1842 Vermont Ave NW City Washington FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State DC C Occupation Insurance Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: R1681573 Amount of Each Receipt this Period 20.83 Check
SI	JBTOTAL of Receipts This Page (optional)			-204.17
T	OTAL This Period (last page this line number or	nly))	

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 100
ıт	EMIZED RECEIPTS	or each category of the	(check only one)
••	LIMIZED RESERVES	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Statements r	may not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the name and	address of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	National Association of Insurance and Financial tee	Advisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. William R. Anderson		Date of Receipt
	Mailing Address 1842 Vermont Ave NW		M M / D D / Y Y Y Y
			05 31 2007
	City State	Zip Code	Transaction ID: R1681978
	Washington DC	20001-5006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		20.83
	Name of Employer Occupa	ition	Check
	Self-employed Insura	nce Agent	
		ate Year-to-Date ▼	
	Primary General	208.30	
	Other (specify) ▼		
В.	Full Name (Last, First, Middle Initial) Mr. David William Ashley		Date of Receipt
	Mailing Address 10939 N W 32 PI		05 10 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State	Zip Code	Transaction ID: R1679054
	<u>Gainesville</u> FL	32606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		42.00
	Name of Employer Occupa	ation	Payroll Deduction
	Self-employed Insura	nce Agent	
		ate Year-to-Date ▼	
	Primary General	210.00	
	Other (specify)		
C.	Full Name (Last, First, Middle Initial) Mr. Douglas E. Aycock, CLU, ChFC		Date of Receipt
•	Mailing Address 5113 Southwest Pkwy # 200		M M / D D / Y Y Y Y
			05 10 2007
	City State Austin TX	Zip Code	Transaction ID: R1679187
		78735-8915	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		42.50
	Name of Employer Occupa Self-employed Incurs		Payroll Deduction
	Insura	nce Agent	-
	Receipt For: Aggreg	ate Year-to-Date ▼	,
	Other (specify) ▼	212.50	
_		0 0 0 0 0 0 0 0	1
s	UBTOTAL of Receipts This Page (optional)		105.33
		·	
T	OTAL This Period (last page this line number only)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 100 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Statem for commercial purposes, other than using the name	ents may and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	ıncial Ad	dvisors Political Action Com	nit-
A .	Full Name (Last, First, Middle Initial) Mrs. Kristie D. Babcock Mailing Address PO Box 910 City Kenai FEC ID number of contributing federal political committee. Name of Employer Self-employed In	State AK Ccupatior asurance		Date of Receipt M M
3.	Jonesboro FEC ID number of contributing federal political committee. Name of Employer Self-employed October 100 Per Self-employed	State AR C ccupatior asurance		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	Jonesboro FEC ID number of contributing federal political committee. Name of Employer Self-employed October 100 Per Self-employed	State AR C ccupatior surance		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		·····•	250.00
T	OTAL This Period (last page this line number only)		b	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 100
ITEMIZED RECEIPTS		or each category of the	(check only one)
· · · · · · · · · · · · · · · · · · ·		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and St	atements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	Financial A	dvicera Political Action Com	mit
National Association of Insurance and tee	Financiai A	avisors Political Action Com	mit-
Full Name (Last, First, Middle Initial)			
A. Mr. John C. Beckwith Mailing Address 1908 Greenbriar Drive			Date of Receipt
Mailing Address 1908 Greenbriar Drive			05 10 2007
City	State	Zip Code	Transaction ID: R1679211
Portage	MI	49024-5787	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		42.00
·	10		Payroll Deduction
Name of Employer Self-employed	Occupation Insurance		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Receipt For:		e Year-to-Date ▼	
Primary General	00 0		1
Other (specify) ▼		210.00	
Full Name (Last, First, Middle Initial)			
Mr. Kent A. Bennett			Date of Receipt
Mailing Address 280 Hollow Road	05 10 2007		
City	State	Zip Code	Transaction ID: R1679828
Muncy	PA	17756-5789	Amount of Each Receipt this Period
FEC ID number of contributing	C		87.50
federal political committee.			
Name of Employer Self-employed	Occupation		Payroll Deduction
Receipt For:	Insurance	e Agent e Year-to-Date ▼	_
Primary General	Aggregate	e real-lo-Dale V	1
Other (specify) ▼		437.50	
			_
Full Name (Last, First, Middle Initial) Mr. Thomas C. Besselman			Date of Receipt
Mailing Address 6421 Perkins Rd # 2b			M " M / D " D / Y " Y " Y " Y
Oit.	04-4-	7:- Oada	05 10 2007
City <u>Baton Rouge</u>	State LA	Zip Code 70808-4125	Transaction ID: R1678317 Amount of Each Receipt this Period
FEC ID number of contributing		10000 1120	
federal political committee.	C		50.00
Name of Employer	Occupation	n	Payroll Deduction
Self-employed	Insuranc		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Curier (speerly)	0 0		
CURTOTAL of Descints This Description II			179.50
SUBTOTAL of Receipts This Page (optional)		······	
TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 / 100
ITEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
National Association of Insurance and F tee	inancial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial) Mr. David B. Bianchi, CLU			Date of Receipt
Mailing Address 1125 Beldon Way		71.0	05 10 2007
City	State NV	Zip Code	Transaction ID: R1679020
Reno FEC ID number of contributing federal political committee.	C	89503-3164	Amount of Each Receipt this Period 60.00
Name of Employer Self-employed	Occupatio Insuranc		Payroll Deduction
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) 8. Ms. Eleanor B. Blaylock			Date of Receipt
Mailing Address 9439 Gay Lane			05 / 10 / 2007
City	State LA	Zip Code	Transaction ID: R1677871
Oil City	LA	71061	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00 Payroll Deduction
Name of Employer Self-employed	Occupatio Insuranc	e Agent	rayion beduction
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Mr. John J. Bradley, CLU			Date of Receipt
Mailing Address 148 Grove Street			05 / 10 / 2007
City	State	Zip Code	Transaction ID: R1678841
Westwood	MA	02090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.66
Name of Employer Self-employed	Occupatio Insuranc	e Agent	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 208.30	1
□ Otilot (Specilly) ♥	0 0		
SUBTOTAL of Receipts This Page (optional)		·····	151.66
TOTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/100
	EMIZED RECEIPTS		or each category of the	(check only one)
. 1			Detailed Summary Page	X 11a 11b 11c 12 17 13 14 15 16 17
An	y information copied from such Reports and State	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
/	National Association of Insurance and Fitee	nancial Ad	dvisors Political Action Comr	nit-
	Full Name (Last, First, Middle Initial)			Data of Bossint
۹.	Mr. Gary A. Bramon, CLU, ChFC Mailing Address 269 San Felipe Way			Date of Receipt
				05 10 2007
	City Novato	State CA	Zip Code 94945-1687	Transaction ID: R1679407 Amount of Each Receipt this Period
	FEC ID number of contributing		34343 1007	
	federal political committee.	C		50.00
	Name of Employer	Occupation	1	Payroll Deduction
	Self-employed ,	Insurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-	250.00	
	Other (specify) ▼		200.00	
 3.	Full Name (Last, First, Middle Initial)			Date of Receipt
Э.	Mr. Ronald D. Brant, CLU, LUTCF Mailing Address 10234 Hoffman			Date of Receipt
				05 10 2007
	City	State	Zip Code	Transaction ID: R1679566
	Maybee	MI	48159-9777	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		208.00
	<u> </u>			Payroll Deduction
	Name of Employer Self-employed	Occupation Insurance		T dyren Beddellen
	Receipt For:		Year-to-Date V	-
	Primary General	7.99.094.0		
	Other (specify) ▼		1090.00	
	Full Name (Last, First, Middle Initial)			
Э.	Mr. Frank H. Briggs, Jr.,CLU, C			Date of Receipt
	Mailing Address 2610 Bohler Rd NW			05 10 YYYYY 2007
	City	State	Zip Code	Transaction ID: R1679552
	Atlanta	GA	30327-1418	Amount of Each Receipt this Period
	FEC ID number of contributing	С		50.00
	federal political committee.			Payroll Deduction
	Name of Employer Self-employed	Occupation		1 ayron beddollon
	Receipt For:	Insurance	e Agent • Year-to-Date ▼	-
	Primary General			
	Other (specify) ▼		250.00	
S	UBTOTAL of Receipts This Page (optional)		······	308.00
т	OTAL This Period (last page this line number onl	v)	>	
		,,		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14/1	00
	EMIZED RECEIPTS		or each category of the	(check only one)	
••	EMIZED RECEIL 10		Detailed Summary Page	X 11a 11b 11c 12	☐ 17
Δι	ny information conied from such Reports and States	ments may	y not be sold or used by any nerso		
or	ny information copied from such Reports and Stater for commercial purposes, other than using the nam	ne and add	dress of any political committee to	solicit contributions from such committee.	•
\setminus	NAME OF COMMITTEE (In Full)				
	National Association of Insurance and Fin tee	ancial A	dvisors Political Action Com	mit-	
^	Full Name (Last, First, Middle Initial)			Data of Danaire	
Α.	Mr. C. Robert Brown, Sr.,CLU, L Mailing Address 8675 WestCott			Date of Receipt	V
	Walling Address 86/5 WestCott			05 10 2007	
	City	State	Zip Code	Transaction ID: R1677615	
	Germantown	TN	38138-7738	Amount of Each Receipt this Period	-
	FEC ID number of contributing federal political committee.	С		62.5	0
	Name of Employer	Occupation	 1	Payroll Deduction	
	Self-employed	nsurance			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	-	312.50		
	☐ Other (specify) ▼		312.30		
— В.	Full Name (Last, First, Middle Initial) Mr. Michael O. Brown, LUTCF			Date of Receipt	
	Mailing Address 6512 Nell 3			M M / D D / Y Y Y O D D / 2007	
	City	State	Zip Code	Transaction ID: R1679326	
	Edmond	OK	73013	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		60.0	00
	Name of Employer Self-employed	Occupation	า	Payroll Deduction	
		nsurance			
		Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		300.00		
	Cuter (specify)	0 0	0 0 0 0 0 0		
_	Full Name (Last, First, Middle Initial)				
C.	Mr. Royall R. Brown, Jr.,CLU			Date of Receipt	
	Mailing Address 2617 Audubon Dr			05 04 2007	
	City	State	Zip Code	Transaction ID: R1681460	_
	Winston Salem	NC	27106	Amount of Each Receipt this Period	
	FEC ID number of contributing			550.0	vo.
	federal political committee.	C		550.0	,0
	Name of Employer	Occupation	 1	- Check	
	Solf amployed 1	nsurance			
			Year-to-Date ▼		
	Primary General	-	550.00		
	Other (specify)	1 1	330.00		
Г					
s	UBTOTAL of Receipts This Page (optional)			672.5	0
\vdash	. 3 (1 4)				
т	OTAL This Period (last page this line number only)			

S	CHEDULE A (FEC Form 3X)		Llas concrete achadula(a)	FOR LINE NUMBER: PAGE 15 / 100
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
•				13 14 15 16 17
or	y information copied from such Reports and Stater for commercial purposes, other than using the nan	ments may ne and add	r not be sold or used by any person lress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and Fin tee	ancial Ac	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. Dennis A. Brumbaugh, LUTCF			Date of Receipt
	Mailing Address 17 Conley Lane			05 10 2007
	City	State	Zip Code	Transaction ID: R1679111
	Elma WA FEC ID number of contributing federal political committee. C		98541	Amount of Each Receipt this Period
				42.50
	Self-employed 1	Occupation Insurance		Payroll Deduction
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		010.50	1
	Other (specify)	0 0	212.50	
	Full Name (Last, First, Middle Initial)			
В.	Mr. George B. Bryce, CLU, ChFC			Date of Receipt
	Mailing Address 2730 Ardon Ln	05 10 2007		
	City	State Zip Code		
	Casper	WY	82609-3902	Transaction ID: R1679376 Amount of Each Receipt this Period
	FEC ID number of contributing	<u></u>		42.00
	federal political committee.	C		42.00
	Name of Employer	Occupation	1	Payroll Deduction
	Self-employed 1	Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		210.00	1
	Other (specify)	0 0	210.00	
C.	Full Name (Last, First, Middle Initial) Mr. James A. Buchan, CLU, ChFC			Date of Receipt
	Mailing Address 5716 W. Orlando Circle			M M / D D / Y Y Y Y
				05 10 2007
	City	State	Zip Code	Transaction ID: R1679034
	Broken Arrow	OK	74011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Solt omployed	Occupation Insurance		Payroll Deduction
			Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼	0 0	300.00	
				144.50
S	UBTOTAL of Receipts This Page (optional)		<u>)</u>	144.30
Т	OTAL This Period (last page this line number only	')		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 100 (check only one) X
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and F	Financial A	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. Christopher D. Campbell, CLU, ChFC Mailing Address 2511 Brandon Road City Upper Arlington FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State OH C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Mr. Richard J. Chandik, MBA Mailing Address 1332 Shorebird Ln City Carlsbad FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State CA C Occupation Insurance Aggregate		Date of Receipt M M M
D.	Full Name (Last, First, Middle Initial) Ms. Queenie M. Chee, CLU, LUTCF Mailing Address 833 Waika Place City Honolulu FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State HI C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional))	127.00
т	OTAL This Period (last page this line number o	nlv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 100 (check only one) X 11a 11b 11c 12	
An	ry information copied from such Reports and State for commercial purposes, other than using the nar	ements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
\rangle	NAME OF COMMITTEE (In Full) National Association of Insurance and Fir				
Α.	Full Name (Last, First, Middle Initial) Ms. Cylinda A. Clark Mailing Address 4002 San Mateo City Plano FEC ID number of contributing federal political committee. Name of Employer Self-employed	State TX C	Zip Code 75093-6618	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Receipt For: Primary Other (specify) ▼	Aggregate	e Agent Year-to-Date ▼ 210.00		
3.	Full Name (Last, First, Middle Initial) Mr. Thomas R. Clark, CLU, ChFC Mailing Address 1603 22nd St Ste 202			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City West Des Moines	State IA	Zip Code 50266-1410	Transaction ID: R1679315 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	50200-1410	60.00	
	Solf amployed 1	Occupation Insurance		Payroll Deduction	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00		
).	Full Name (Last, First, Middle Initial) Mr. Edward R. Clink			Date of Receipt	
	Mailing Address 1263 W. Square Lake Rd			05 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City Bloomfield Hills	State MI	Zip Code 48302-0845	Transaction ID: R1681821 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	+0502-00+3	250.00	
	Name of Employer Self-employed	Occupation Insurance		Check	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00		
s	UBTOTAL of Receipts This Page (optional)			352.00	
т.	OTAL This Period (last page this line number only	v)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 100 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Statem for commercial purposes, other than using the name	nents may e and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	ancial Ad	dvisors Political Action Com	nit-
Α.	Monroe FEC ID number of contributing federal political committee. Name of Employer Self-employed In Receipt For:	State LA C ccupation nsurance		Date of Receipt M M
	Primary General Other (specify) ▼		212.50	
3.	San Dimas	State CA	Zip Code 91773	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer O Self-employed In	ccupation		Payroll Deduction
D.	Wichita FEC ID number of contributing federal political committee. Name of Employer Self-employed In	State KS C ccupatior asurance		Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: R1681468 Amount of Each Receipt this Period 2100.00 Check
s	UBTOTAL of Receipts This Page (optional)			2185.00
T	OTAL This Period (last page this line number only)			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUME	BER: PAGE 19/100	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
••			Detailed Summary Page	X 11a 11	\vdash
Ar	ny information copied from such Reports and Stater	nents may	not be sold or used by any perso		
or	ly information copied from such Reports and Stater for commercial purposes, other than using the nam	e and add	lress of any political committee to	solicit contributions	from such committee.
\setminus	NAME OF COMMITTEE (In Full)				
	National Association of Insurance and Fintee	ancial Ac	dvisors Political Action Com	mit-	
Α.	Full Name (Last, First, Middle Initial)			Data of Dansi	mt.
A.	Mr. Jeffrey L. Collins, CLU Mailing Address 1109 Culpepper Drive			Date of Recei	·
	Troy Guipepper Brive			0 5	31 2007
	City	State	Zip Code	Transaction I	D : R1682085
	Rocky Mount	NC	27803	Amount of Ea	ch Receipt this Period
	FEC ID number of contributing federal political committee.				275.00
	Name of Employer C	Occupation	1	Credit Card	
	Self-employed	nsurance	e Agent		
		Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		275.00		
	Other (specify)	0 0			
— В.	Full Name (Last, First, Middle Initial) Mr. Gus H. Comiskey, Jr., CLU			Date of Recei	pt
	Mailing Address 3 Riverway, Suite 1350			0 5	21 2007
	City	State	Zip Code	Transaction I	D : R1681767
	Houston	TX	77056-1960	Amount of Ea	ch Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Self-employed	Occupation	1	Check	
		nsurance			
		Aggregate	Year-to-Date ▼	.	
	Primary General Other (specify) ▼		250.00		
	Sais (openity) V	• •		1	
_	Full Name (Last, First, Middle Initial)				
C.	Mr. David A. Culley, CLU, ChFC			Date of Recei	·
	Mailing Address 4187 Club Drive N.E.			0 5	10 2007
	City	State	Zip Code	Transaction I	D : R1679795
	Atlanta	GA	30319-1115	Amount of Ea	ch Receipt this Period
	FEC ID number of contributing	С			42.00
Name of Employer Self-employed Insurance Receipt For: Aggregat		<u> </u>			
		Occupation	1	Payroll Dedu	ction
		nsurance			
		Aggregate	Year-to-Date ▼		
Primary General Other (specify) ▼			210.00		
	Callot (opcosity) \	0 0 0 0 0 0 0	1		
SUBTOTAL of Receipts This Page (optional)					
\vdash	ODITIAL OF NECERDIS THIS FAGE (OPTIONAL)		······································	-	
Т	OTAL This Period (last page this line number only)				

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 20 / 100 (check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-
<u>′</u> 4.	Full Name (Last, First, Middle Initial) Mr. Sam J. Cunningham, CLU, ChFC,			Date of Receipt
	Mailing Address 190 Lily Ln City	State	Zip Code	05 24 2007
	Greenbank	WA	98253-6203	Transaction ID: R1681837 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00000	500.00
	Name of Employer Self-employed	Occupation Insurance		Check
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Mr. Donald Curristan, CLU,ChFC			Date of Receipt
	Mailing Address 16860 Daza Dr	05 11 2007		
	City Ramona	State CA	Zip Code	Transaction ID: R1681568
	FEC ID number of contributing federal political committee.	C	92065-4676	Amount of Each Receipt this Period 250.00
	Name of Employer Self-employed	Occupation Insurance		Check
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
) .	Full Name (Last, First, Middle Initial) Mr. Michael E. Curry, CLU, CEBS			Date of Receipt
	Mailing Address 1270 Clubhouse Dr			05 / 23 / 4 2007
	City	State CA	Zip Code	Transaction ID: R1681878
	Pasadena FEC ID number of contributing federal political committee.	C	91105-2729	Amount of Each Receipt this Period 250.00
	Name of Employer Self-employed	Occupation Insurance		Credit Card
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
S	UBTOTAL of Receipts This Page (optional)			1000.00
Т	OTAL This Period (last page this line number or	ılv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 100 (check only one) X 11a 11b 11c 12
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F			
Α.	Full Name (Last, First, Middle Initial) Mr. Jack H. Curtis Mailing Address 1508 Morning Glory Cr. City Tupelo FEC ID number of contributing federal political committee. Name of Employer Self-employed	State MS C Occupation Insurance		Date of Receipt M M M / D D / Y Y Y Y Y O 5 10 2007 Transaction ID: R1679715 Amount of Each Receipt this Period 50.00 Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Vincent M. D'Addona, CLU, ChFC Mailing Address 141 Greenway Road City Lido Beach FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State NY C Occupation Insurance Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Y Transaction ID: R1679453 Amount of Each Receipt this Period 85.00 Payroll Deduction
D.	Full Name (Last, First, Middle Initial) Mr. Mayur T. Dalal Mailing Address 928 Carrie Court City East Meadow FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State NY C Occupation Insurance Aggregate		Date of Receipt M M M
s	UBTOTAL of Receipts This Page (optional)			1385.00
Т	OTAL This Period (last page this line number or	nlv)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 100 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F tee	inancial A	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. John A. Davidson, LUTCF, FSS Mailing Address 1497 Rancho Lane City Thousand Oaks FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For:	State CA C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Other (specify) ▼		525.00	
3.	Full Name (Last, First, Middle Initial) Mr. William James DeBruin, LUTCF Mailing Address 106 Edgewood Ln City Combined Locks FEC ID number of contributing	State WI	Zip Code 54113	Date of Receipt M M M / D D / Y Y Y Y Y O 5 1 0 2 0 0 7 Transaction ID: R1678971 Amount of Each Receipt this Period
	Receipt For: Primary Other (specify)	Occupation Insurance Aggregate		Payroll Deduction
5.	Full Name (Last, First, Middle Initial) Mr. Glenn P. Deal, Jr. Mailing Address 58 Golf Course Ln. City Taylorsville FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State NC C Occupation Insurance Aggregate		Date of Receipt M M M
s	UBTOTAL of Receipts This Page (optional))	223.75
T	OTAL This Period (last page this line number on	lv)	.	

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 100 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee	nancial A	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. John R. Dean, LUTCF,CLU,			Date of Receipt
	Mailing Address 1700 S.W. 15th Ave.	Chaha	7in Oada	05 10 2007
	City Willmar	State MN	Zip Code 56201	Transaction ID: R1679758 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	1 1 1 1 1	50.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Paul R. Decker, CLU, ChFC			Date of Receipt
	Mailing Address Box 1832	05 / 10 / Y Y Y Y Y Y		
	City	State ID	Zip Code	Transaction ID: R1679587
	Idaho Falls FEC ID number of contributing federal political committee.	C	83403-1832	Amount of Each Receipt this Period 50.40
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 252.00	
	Full Name (Last, First, Middle Initial) Mr. Robert F. Decker, CLU, FLMI			Date of Receipt
	Mailing Address 9290 West Dodge Road	#102		05 01 7 2007
	City Omaha	State NE	Zip Code 68114-3320	Transaction ID: R1675534 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Self-employed	Occupation Insurance	e Agent	Credit Card
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00	
SI	UBTOTAL of Receipts This Page (optional)	<u></u>		850.40
T	OTAL This Period (last page this line number on	ly)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 100
ITEMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED RESERVED	Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	y information copied from such Reports and Statements m	nay not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the name and a	address of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	National Association of Insurance and Financial tee	Advisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. David V. Dellinger		Date of Receipt
	Mailing Address 3052 Stanton Circle		M M / D D / Y Y Y Y
		71.0.1	05 10 2007
	City State	Zip Code	Transaction ID: R1679734
	<u>Carmichael</u> <u>CA</u>	95608	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		42.00
	Name of Employer Occupat	tion	Payroll Deduction
	Self-employed Insurar	nce Agent	
		ate Year-to-Date ▼	
	Primary General	210.00	
	Other (specify) ▼	0 0 0 0 0 0	1
В.	Full Name (Last, First, Middle Initial) Mr. David S. Dickenson, II,CLU, Ch		Date of Receipt
	Mailing Address 7535 Brigham Road		05 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State	Zip Code	Transaction ID: R1679196
	Gates Mills OH	44040	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		42.00
	Name of Employer Occupat	tion	Payroll Deduction
	Self-employéd Insurar	nce Agent	
		ate Year-to-Date ▼	
	Primary General	210.00	1
	Other (specify) ▼		
C.	Full Name (Last, First, Middle Initial) Mr. Lyle Domenitz, LUTCF, RFP		Date of Receipt
•	Mailing Address 12367 N Antelope Trl		M M / D D / Y Y Y Y
			05 10 2007
	City State Parker CO	Zip Code	Transaction ID: R1676539
		80138	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		42.00
Name of Employer Self-employed Insurance			Payroll Deduction
			_
	Receipt For: Aggregation Primary General	ate Year-to-Date ▼	,
	Other (specify) ▼	210.00	
_		0 0 0 0 0 0 0	1
s	UBTOTAL of Receipts This Page (optional)		126.00
		•	
T	OTAL This Period (last page this line number only)	>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 100
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
National Association of Insurance and tee	l Financial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial) Ms. Carol S. Drake			Date of Receipt
Mailing Address 1931 Spode Ave			05 / 23 / Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: R1681868
Henderson	NV	89014-3795	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer	Occupation	n	Credit Card
Self-employed	Insuranc		_
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		300.00	
Full Name (Last, First, Middle Initial) Mr. Daniel D. Duren, CLU,ChFC,L			Date of Receipt
Mailing Address 6537 S. 34th Street			05 10 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: R1678175
Lincoln	NE	68516-5428	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.50
Name of Employer Self-employed	Occupation		Payroll Deduction
	Insurance	e Agent e Year-to-Date ▼	_
Receipt For: Primary General	Aggregate	e rear-lo-Dale V	1
Other (specify) ▼		212.50	
Full Name (Last, First, Middle Initial) Mr. Donald A. Eichelberger			Date of Receipt
Mailing Address 3217 Highway D65			05 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: R1679755
<u>Dysart</u>	IA	52224-9750	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.40
Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
		e Year-to-Date ▼	
Primary General Other (specify) ▼		252.00	
SUBTOTAL of Receipts This Page (optional)			392.90
TOTAL This Period (last page this line number	only)		
I O I AL I TIIS I ENOU (IAST PAYE TIIIS IIITE HUTTIDEI	Oilly)	··············	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 100		
ITEMIZED RECEIPTS			or each category of the	(check only one)		
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12		
	· · · · · · · · · · · · · · · · · · ·	-1		13 14 15 16 17		
or	ly information copied from such Reports and Sta for commercial purposes, other than using the i	name and add	rnot be sold or used by any personal less of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
	National Association of Insurance and lee	Financial Ad	dvisors Political Action Com	mit-		
A.	Full Name (Last, First, Middle Initial) Mr. M. Jay Einstein, CLU			Date of Receipt		
	Mailing Address 59 Margarete Dr.			05 / 10 / Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: R1679166		
	Pittsgrove NJ FEC ID number of contributing federal political committee.		08318-3015	Amount of Each Receipt this Period		
				72.00		
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction		
	Receipt For:		Year-to-Date ▼			
	Primary General		200.00	1		
	Other (specify) ▼		360.00			
В.	Full Name (Last, First, Middle Initial) Mr. Ronald W. Erickson, CLU, AEP,			Date of Receipt		
	Mailing Address 3002 St. Regis Rd			05 10 2007		
	City	State	Zip Code	Transaction ID: R1679323		
	Greensboro	NC	27408-4407	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		46.75		
	Name of Employer Self-employed	Occupation	1	Payroll Deduction		
		Insurance				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		283.25			
		0 0	0 0 0 0 0 0 0	-		
C.	Full Name (Last, First, Middle Initial) Mr. Ronald W. Erickson, CLU, AEP,			Date of Receipt		
٥.	Mailing Address 3002 St. Regis Rd			M M / D D / Y Y Y Y		
				05 29 2007		
	City	State	Zip Code	Transaction ID: R1681956		
	Greensboro	NC	27408-4407	Amount of Each Receipt this Period		
	Receipt For: Ag			55.00		
			n e Agent	— Check		
			Year-to-Date ▼			
Primary General			283.25	1		
	Other (specify)	0 0				
s	UBTOTAL of Receipts This Page (optional)			173.75		
T	TOTAL This Period (last page this line number only)					

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBE	R: PAGE 27 / 100	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
TI EMIZED RESERVES			Detailed Summary Page	X 11a 11b	\vdash
Δ.	And information and individual code Bounds and Chatamanta may not be cold by used by			13 14	15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	iame and add	dress of any political committee to	solicit contributions fr	om such committee.
	NAME OF COMMITTEE (In Full)				
\rangle	National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-	
_	Full Name (Last, First, Middle Initial)				
Α.	Mr. Byron Hyatt Erstad, Jr.			Date of Receipt	
	Mailing Address 2510 S Nantucket Way				10 2007
	City	State	Zip Code	Transaction ID:	
	Boise	ID	83706-5095		Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	- Amidant of Each	
	federal political committee.	C			50.40
	Name of Employer Self-employed	Occupation	1	Payroll Deduct	ion
		Insurance			
	Receipt For:	Aggregate	Year-to-Date ▼	_	
	Primary General Other (specify)	_ ' '	252.00		
	Other (specify)	0 0		J .	
	Full Name (Last, First, Middle Initial)				
В.	,			Date of Receipt	
	Mailing Address 2177 NE 63 St.	M M / D	D / Y Y Y Y		
					10 2007
	City	State	Zip Code	Transaction ID:	
	Fort Lauderdale	FL	33308	Amount of Each	Receipt this Period
	FEC ID number of contributing federal political committee.	C			42.50
				Payroll Deduct	ion
	Name of Employer Self-employed	Occupation		- Payron Deduct	1011
	· · · · · · · · · · · · · · · · · · ·	Insurance			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)	' '	212.50		
	Carici (openily) 🔻		0 0 0 0 0 0 0		
_	Full Name (Last, First, Middle Initial)				
C.	Mr. John Everett, LUTCF			Date of Receipt	
	Mailing Address 531 Daniel				10 2007
	City	State	Zip Code	Transaction ID:	
	Santa Maria	CA	93454		Receipt this Period
			00101	Amount of Each	· · · · · · ·
	FEC ID number of contributing dederal political committee.				42.00
	V (5)	10		Payroll Deduct	ion
	Name of Employer Self-employed	Occupation Insurance			
	Receipt For:	+	e Year-to-Date ▼		
	Primary General	7.99.094.0	Tour to Bate V	1	
	Other (specify)	1	210.00		
				*	
	<u>.</u>				
s	UBTOTAL of Receipts This Page (optional)				134.90
\vdash			<u> </u>		
т	OTAL This Period (last page this line number or	nly)	>		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 / 100
ITEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
-		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the nar	ements may n	not be sold or used by any perso ess of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Association of Insurance and Fir tee	nancial Adv	visors Political Action Com	mit-
Full Name (Last, First, Middle Initial) A. Mr. Michael K. Fiamingo, LUTCF			Date of Receipt
Mailing Address 1177 Avalon Drive			05 30 7 2007
City	State	Zip Code	Transaction ID: R1682068
San Jose	CA	95125-4218	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Self-employed *	Occupation		Credit Card
	Insurance	_ •	
Receipt For: Primary General	Aggregate Y	/ear-to-Date ▼	
Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) 3. Mr. Thomas F. Flournoy, Jr., CLU			Date of Receipt
Mailing Address 5300 Zebulon Rd			05 / 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: R1679154
Macon	GA	31210-2199	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		42.00
Self-employed 1	Occupation		Payroll Deduction
	Insurance Aggregate V	Agent ∕ear-to-Date ▼	_
Receipt For: Primary General	Aggregate		
Other (specify) ▼		210.00	
Full Name (Last, First, Middle Initial) Mr. H. Larry Fortenberry, CPA,CLU,Ch			Date of Receipt
Mailing Address 603 Gordon PI			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: R1679188
<u>Madison</u>	MS	39110-9799	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		52.50
Name of Employer	Occupation		Payroll Deduction
Self-employed *	Insurance	Agent	
Receipt For:		/ear-to-Date ▼	
Primary General Other (specify) ▼		262.50	
SUBTOTAL of Receipts This Page (optional)			344.50
TOTAL This Period (last page this line number only	w)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 29 / 100	
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar	ly information copied from such Reports and State for commercial purposes, other than using the nai	ements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		, p. 100 mm m	
\geq	National Association of Insurance and Firtee	nancial Ad	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. Lawrence J. Fowler, Jr.			Date of Receipt
,	Mailing Address 481 Route 82			05 10 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1679206
	Oakdale	CT	06370-1149	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		110.00
	Self-employed 1	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		550.00	
В.	Full Name (Last, First, Middle Initial) Mr. Thomas E. Fowler, CLU, LUTCF			Date of Receipt
	Mailing Address 13243 S.E. 51st Place	05 10 2007		
	City	State	Zip Code	Transaction ID: R1678969
	Bellevue	WA	98006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		107.50
	Salf-amployed	Occupation		Payroll Deduction
	Receipt For:	Insurance	e Agent • Year-to-Date ▼	-
	Primary General	1.99.19		1
	Other (specify) ▼	0 0	537.50	
C.	Full Name (Last, First, Middle Initial) Mr. Lance P. Franczyk, CLU ChFC			Date of Receipt
•	Mailing Address 3009 Alyssum Ct.			05 16 2007
	City	State	Zip Code	Transaction ID: R1681797
	Edmond	OK	73034	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		360.00
	Self-employed '	Occupation Insurance		Credit Card
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		360.00	
s	UBTOTAL of Receipts This Page (optional)			577.50
Т	OTAL This Period (last page this line number only	y)	·······	

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 100 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee	nancial A	dvisors Political Action Com	nit-
۷ ۷.	Full Name (Last, First, Middle Initial) Ms. Debra L. Franklin-Schatzki			Date of Receipt
	Mailing Address 380 W 12th St	01-1-	7'- 0-1	05 10 2007
	City New York	State NY	Zip Code 10014	Transaction ID: R1679447 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	
3.	Full Name (Last, First, Middle Initial) Mr. Harry W. Frazee, III,LUTCF			Date of Receipt
	Mailing Address 21800 Oxnard St Suite 1160			05 / 02 / 2007
	City Woodland Hills	State CA	Zip Code 91367	Transaction ID: R1681435
	FEC ID number of contributing federal political committee.	C	91307	Amount of Each Receipt this Period 250.00
	Name of Employer Self-employed	Occupation Insurance		Credit Card
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
) .	Full Name (Last, First, Middle Initial) Mr. Peter Fulchiron, CLU, LUTCF			Date of Receipt
	Mailing Address 411 San Andreas Drive			05 10 7 2007
	City Novato	State CA	Zip Code 94945-1237	Transaction ID: R1679836 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1.00.120.	208.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1040.00	
SI	JBTOTAL of Receipts This Page (optional)			500.00
T	OTAL This Period (last page this line number on	ly))	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 100 (check only one) X 11a 11b 11c 12 15 16 17
An or	y information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fin tee	ancial Ad	dvisors Political Action Com	nit-
Α.	Self-employéd 1	State LA C C C C C C C C C C C C C	e Agent	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Francis J. Gingras, CLU, ChFC Mailing Address 7057 Deepwater Pt. Rd. City	State	Zip Code	Date of Receipt M M
	Williamsburg FEC ID number of contributing federal political committee.	MI	49690-9549	Amount of Each Receipt this Period 250.00
	Name of Employer Self-employed	Occupation nsurance Aggregate		Check
C .	Full Name (Last, First, Middle Initial) Mr. James R. Goodrich, CLU, ChFC Mailing Address 1860 Beech City	State	Zip Code	Date of Receipt M M
	Mt. Pleasant FEC ID number of contributing federal political committee.	MI	48858-1280	Amount of Each Receipt this Period 42.50
	Self-employed 1	Occupation nsurance Aggregate		Payroll Deduction
s	UBTOTAL of Receipts This Page (optional))	342.50
T	OTAL This Period (last page this line number only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 32 / 100
ITEMIZED RECEIPTS			or each category of the	(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
			and be related as a set the second second	13 14 15 16 17
or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	r not be sold or used by any personal ress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and Fitee	nancial Ad	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. Todd G. Grantham			Date of Receipt
	Mailing Address 203 Brandermill Drive			05 10 2007
	City	State	Zip Code	Transaction ID: R1677922
	Durham	NC	27713	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		46.75
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General		000.75	1
	Other (specify)	1 1	233.75	
_	Full Name (Last, First, Middle Initial)			Data of Bassist
В.	Mr. Curtis G. Green, Jr.,CLU Mailing Address 836 E 15th Ave #1			Date of Receipt
	Maining Address 836 E TS(II AVE #1	05 22 2007		
	City	State	Zip Code	Transaction ID: R1681847
	Anchorage	AK	99501-5404	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer Self-employed	Occupation	ı	Credit Card
		Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Curior (specify)	0 0		
C.	Full Name (Last, First, Middle Initial) Mr. Karl Erik Hansen, CLU, ChFC,			Date of Receipt
	Mailing Address 900 North Shoreline Bou	levard		M M / D D / Y Y Y Y
	-			05 10 2007
	City	State	Zip Code	Transaction ID: R1679722
	Mountain View	CA	94043-1933	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.50
	Name of Employer Self-employed	Occupation		Payroll Deduction
		Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		212.50	
	Outer (Specify) \		0 0 0 0 0 0 0	4
				200.07
s	UBTOTAL of Receipts This Page (optional)			339.25
1 T	OTAL This Period (last page this line number on	lv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 100
ITEMIZED RECEIPTS		or each category of the	(check only one)
••	LIVILLE RESERVES	Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	ny information copied from such Reports and Statements n	nay not be sold or used by any person	
or	for commercial purposes, other than using the name and	address of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	National Association of Insurance and Financial tee	Advisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. Alex Hanson, CLU, ChFC,		Date of Receipt
	Mailing Address 7888 Glen Finnan Cir		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State	Zip Code	Transaction ID: R1679686
	Ft Myers FL	33912	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		42.00
	Name of Familian	4 :	Payroll Deduction
	Name of Employer Occupa Self-employed Insurar	nce Agent	
		ate Year-to-Date ▼	
	Primary General	010.00	1
	Other (specify) ▼	210.00	
В.	Full Name (Last, First, Middle Initial) Mr. William N. Haraway		Date of Receipt
	Mailing Address 113 Fairview Ave	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City State	Zip Code	Transaction ID: R1679738
	<u>Frederick</u> MD	21701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		42.00
	Name of Employer Occupa Self-employed Incurso	tion	Payroll Deduction
	Insurar	nce Agent	
		ate Year-to-Date ▼	_
	Primary General Other (specify) ▼	210.00	
	Cities (opecity) V	0 0 0 0 0 0 0 0	
C.	Full Name (Last, First, Middle Initial) Mr. Thomas M. Hawco, CLU, ChFC		Date of Receipt
	Mailing Address 900 Rockhurst Drive		05 10 2007
	City State	Zip Code	Transaction ID: R1679459
	<u>Lincoln</u> NE	68510-4114	Amount of Each Receipt this Period
	FEC ID number of contributing		42.50
	federal political committee.		
	Name of Employer Occupa Self-employed Incursor		Payroll Deduction
	Insurar	nce Agent	
		ate Year-to-Date ▼	
	Primary General Other (specify) ▼	252.50	
	Curici (Specify)		1
	LIPTOTAL of Descipto This Page (artists)		126.50
S	UBTOTAL of Receipts This Page (optional)	·······	
Т	OTAL This Period (last page this line number only)		

SCHEDULE A (FEC Form 3X)		l lea caparata cabadula(a)	FOR LINE NUMBER: PAGE 34 / 100		
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a		
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) National Association of Insurance and tee	d Financial A	dvisors Political Action Com	mit-		
Full Name (Last, First, Middle Initial) Mr. Richard S. Hawkins, LUTCF, RHU Mailing Address 2224 Karendale Circle			Date of Receipt Date of Receipt D D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City <u>Riverside</u>	State CA	Zip Code 92506-5548	Transaction ID: R1681853 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer Self-employed	Occupatio Insuranc	e Agent	Credit Card		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Mr. Samuel H. Hazleton, IV	·		Date of Receipt		
Mailing Address 4220 Lakeshore Drive	05 10 2007				
City	State NY	Zip Code	Transaction ID: R1677931		
Diamond Point FEC ID number of contributing federal political committee.	C	12824	Amount of Each Receipt this Period 42.00		
Name of Employer Self-employed	Occupatio Insuranc		Payroll Deduction		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00			
Full Name (Last, First, Middle Initial) Mr. Terry K. Headley, LUTCF, LIC			Date of Receipt		
Mailing Address 20704 Meadow Ridge	Dr		05 10 2007		
City	State	Zip Code	Transaction ID: R1677837		
Springfield	NE	68059	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		208.00 Payroll Deduction		
Name of Employer Self-employed	Occupatio Insuranc	e Agent	- ayron beddellon		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1040.00			
SUBTOTAL of Receipts This Page (optional) .			500.00		
TOTAL This Period (last page this line number	r only)				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 100 (check only one) X
Ar or	y information copied from such Reports and Statements r for commercial purposes, other than using the name and	may not be sold or used by any perso address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and Financial tee	Advisors Political Action Com	mit-
А .	Full Name (Last, First, Middle Initial) Sharon G. Heierman, CAE Mailing Address 2990 Kemp Rd City State Havana FL FEC ID number of contributing federal political committee. Name of Employer Self-employed Occupa Insura	Zip Code 32333 ation nce Agent gate Year-to-Date ▼ Zip Code 84097	Date of Receipt M M M / D D / 2007 Transaction ID: R1676351 Amount of Each Receipt this Period 42.00 Payroll Deduction Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	· · · · · · · · · · · · · · · · · · ·	ation nce Agent pate Year-to-Date ▼ 250.00	Payroll Deduction
- .	· · · · · · · · · · · · · · · · · · ·	Zip Code 37067 ation nce Agent gate Year-to-Date 210.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: R1679405 Amount of Each Receipt this Period 42.00 Payroll Deduction
s	UBTOTAL of Receipts This Page (optional)		134.00
T	OTAL This Period (last page this line number only)	.	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 36 / 100		
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12		
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17		
Ar	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions		
Or	NAME OF COMMITTEE (In Full)	arne and add	aress or any political committee to	solicit contributions from such committee.		
\rangle	National Association of Insurance and Fi	nancial A	dvisors Political Action Com	mit-		
	Full Name (Last, First, Middle Initial)			Data of Branch		
٩.	Mr. Laurence E. Herman Mailing Address 413 Luthin Road			Date of Receipt		
				05 18 2007		
	City Oak Brook	State IL	Zip Code	Transaction ID: R1681817		
			60523-2770	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Self-employed	Occupation		Credit Card		
	Receipt For:	Insurance	e Agent • Year-to-Date ▼	_		
	Primary General	, iggi ogaic				
	Other (specify)	0 0	500.00			
 3.	Full Name (Last, First, Middle Initial) Mr. Ronald G. Hester, CLU, ChFC			Date of Receipt		
	Mailing Address 261 New River Heights F	05 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: R1679425		
	Boone	NC	28607	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		46.75		
	Name of Employer Self-employed	Occupation	1	Payroll Deduction		
		Insurance	-			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼			
	Other (specify) ▼		233.75			
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Ernest B. Hewlett, LUTCF			Date of Receipt		
	Mailing Address 144 N. River Rd			M M / D D / Y Y Y Y		
	Box 1150	01-1-	7's Oads	05 17 2007		
	City Midway	State UT	Zip Code 84049-1150	Transaction ID: R1681803 Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	С		500.00		
	Name of Employer Self-employed	Occupation		Credit Card		
		Insurance	-	4		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼			
	Other (specify) ▼	0 0	500.00			
s	UBTOTAL of Receipts This Page (optional)			1046.75		
_						
T	TOTAL This Period (last page this line number only)					

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 37 / 100	
	ITEMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and State	ments may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the nan	ne and add	aress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Association of Insurance and Fin	mit		
\angle	tee	anciai A	UVISOIS FOIILICAI ACLIOIT COITI	
Α.	Full Name (Last, First, Middle Initial) Mr. Richard L. Hill, CLU, ChFC.			Date of Receipt
۸.	Mailing Address 2611 Alvo Road			M M / D D / Y Y Y Y
				05 10 2007
	City Seward	State NE	Zip Code	Transaction ID: R1679746
	FFO ID worth and for a billion		68434	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Self-employed 1	Occupation		Payroll Deduction
		nsurance	e Agent e Year-to-Date ▼	_
	Primary General	Aggregate		1
	Other (specify)	0 0	210.00	
— В.	Full Name (Last, First, Middle Initial) Mr. Robert J. Hollander, LUTCF			Date of Receipt
	Mailing Address 904 Rockhurst Dr.			M M / D D / Y Y Y Y Y O T O T O T O T O T O T O T O
	City	State	Zip Code	Transaction ID: R1678388
	Lincoln	NE	68510-4114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		105.00
	Name of Employer Self-employed	Occupation	1	Payroll Deduction
		nsurance		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		525.00	
_	Full Name (Last, First, Middle Initial)			Data of Descript
C.	Mr. Richard L. Hoover, LUTCF, RIA Mailing Address 2920 S. Jones Blvd., #110)		Date of Receipt
		,		05 10 2007
	City	State	Zip Code	Transaction ID: R1678350
	Las Vegas	NV	89146	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		666.00
	Name of Employer Occupation Self-employed Incurrence			Payroll Deduction
	!	nsurance	e Agent e Year-to-Date V	_
	Primary General			1
	Other (specify) ▼	0 0	306.00	
[s	UBTOTAL of Receipts This Page (optional)			813.00
\vdash	CETAL OF HOSCIPLE THIS Lage (optional)			
т	OTAL This Period (last page this line number only)		

S	CHEDULE A (FEC Form 3X)		Harris and a selection of the selection (s)	FOR LINE NUMBER: PAGE 38 / 100
	EMIZED RECEIPTS	Use separate schedule(s) or each category of the		(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	ly information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any person of any person of any political committee to	on for the purpose of soliciting contributions
<u>~</u>	NAME OF COMMITTEE (In Full)	Tarrio aria aac	are contains position continues to	Control Control Control Control Control
$ \rangle$	National Association of Insurance and tee	Financial A	dvisors Political Action Com	mit-
<u></u>	Full Name (Last, First, Middle Initial)			
A.	Mr. Richard L. Hoover, LUTCF, RIA			Date of Receipt
	Mailing Address 2920 S. Jones Blvd., #1	10		05 14 2007
	City	State	Zip Code	Transaction ID: R1681425
	Las Vegas	NV	89146	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		-600.00
	Name of Employer	Occupation	 1	Check
	Self-employed	Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General	-	206.00	1
	Other (specify) ▼		306.00	
В.	Full Name (Last, First, Middle Initial) Ms. April L. Howard			Date of Receipt
	Mailing Address 3386 Williamsburg			M ' M / D ' D / Y ' Y ' Y ' Y
	City	State	Zip Code	05 10 2007
	City Boise	ID	83706-5320	Transaction ID: R1678910
		טו	63706-3320	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		57.00
	·	1.		Payroll Deduction
	Name of Employer Self-employed	Occupation		
	Receipt For:	Insurance	e Agent e Year-to-Date ▼	_
	Primary General	Aggregate	FIGAL-10-Date V	1
	Other (specify) ▼		285.00	
_	Full Name (Last, First, Middle Initial)			
C.	Mr. William A. Hume, LUTCF			Date of Receipt
	Mailing Address 1075 Woodfield Lane			05 10 7 2007
	City	State	Zip Code	Transaction ID: R1677703
	Libertyville	<u>IL</u>	60048	Amount of Each Receipt this Period
	FEC ID number of contributing	С		42.50
	federal political committee.			Payroll Deduction
	Name of Employer Self-employed	Occupation		Fayron Deduction
	Receipt For:	Insurance	e Agent e Year-to-Date ▼	_
	Primary General	Aggregate	י ו המו־נט־טמוכ ▼	1
	Other (specify)		212.50	
				4
s	UBTOTAL of Receipts This Page (optional)			-500.50
\vdash				-

				_	
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 39 / 100		
	EMIZED RECEIPTS		or each category of the	(check only one)	
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16 17	
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
abla	NAME OF COMMITTEE (In Full)				
\rangle	National Association of Insurance and Fittee	nancial A	dvisors Political Action Com	mit-	
Α.	Full Name (Last, First, Middle Initial) Mr. Hollis O. Inglett, Jr., LUTCF			Date of Receipt	
	Mailing Address 31 Cone Rd			05 10 2007	
	City	State	Zip Code	Transaction ID: R1679696	
	Ormond Beach	FL	32174-7903	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		42.00	
	Self-employed	Occupation Insurance		Payroll Deduction	
	Receipt For:		e Year-to-Date ▼		
	Primary General	, iggi ogaic	real to Bate V	1	
	Other (specify) ▼		210.00		
В.	Full Name (Last, First, Middle Initial) Mr. Glenn R. Jagodzinske			Date of Receipt	
	Mailing Address 6623 SW Gisbourne Cou	rt		05 21 2007	
	City	State Zip Code			
	Topeka	KS	66614	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		180.00	
		<u> </u>		Check	
	Self-employed 1	Occupation Insurance			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify)		360.00		
		0 0	0 0 0 0 0 0 0		
C.	Full Name (Last, First, Middle Initial) Mr. Jerry E. Jensen, LUTCF			Date of Receipt	
	Mailing Address 190 So. 800 W.			05 10 7 2007	
	City	State	Zip Code	Transaction ID: R1678112	
	Blackfoot	ID	83221-6132	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		50.40	
	Name of Employer Occ Self-employed			Payroll Deduction	
		Insurance		_	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		252.00		
	Other (specify) ▼		202.00		
s	UBTOTAL of Receipts This Page (optional)			272.40	
	. 5 (1/		<u>'</u>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 40 / 100
ITEMIZED RECEIPTS			or each category of the	(check only one)
• •			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Stateme	ents may	not be sold or used by any perso	
or	for commercial purposes, other than using the name	and add	ress of any political committee to	solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and Final tee	ncial Ad	lvisors Political Action Comr	nit-
۹.	Full Name (Last, First, Middle Initial) Ms. Eleanor I. Johnson, CPA, CLU			Date of Receipt
	Mailing Address 827 Windsor Dr. SE.			M·M / D·D / Y·Y·Y·Y 05 07 2007
	City	State	Zip Code	Transaction ID: R1681520
	<u>Sammamish</u>	WA	98074-3423	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer Oc	ccupation		Credit Card
	Self-employed	surance		
	Receipt For: A	ggregate	Year-to-Date ▼	
	Primary General Other (specify)	-	250.00	
	Other (specify)	0 0	0 0 0 0 0 0 0 0	
3.	Full Name (Last, First, Middle Initial) Mr. Randhir Singh Judge, LUTCF, FLI			Date of Receipt
	Mailing Address 45790 Cayuga Ct			05 29 2007
	City	State	Zip Code	Transaction ID: R1681906
	<u>Fremont</u> (CA	94539-6815	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	Name of Employer Oct Self-employed In	ccupation		Check
		surance		
	Receipt For: Primary General	ggregate	Year-to-Date ▼	
	Other (specify)		600.00	
		<u> </u>		
) .	Full Name (Last, First, Middle Initial) Mr. Terry M. Kaltenbach, CLU, ChFC			Date of Receipt
	Mailing Address 1358 Ahlrich Ave			M M / D D / Y Y Y Y
				05 10 2007
	,	State	Zip Code	Transaction ID: R1679001
		CA	92024-4029	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			125.00
	Self-employed 1	ccupation		Payroll Deduction
Insuran		surance		
		ggregate	Year-to-Date ▼	
	Other (specify) ▼		625.00	
-	UBTOTAL of Receipts This Page (optional)			875.00
_	ODI OTAL OF HECEIPIS THIS Fage (Optional)		······	
т	OTAL This Period (last page this line number only)		•	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 41 / 100
TEMIZED RECEIPTS			or each category of the	(check only one)	
•	LIMIZED REGEN 13		Detailed Summary Page	X 11a 11b 1	11c 12 15 16 17
۸۰	by information assign from such Departs and States	monto mov	not be cold or used by any parce		
or	ny information copied from such Reports and Stater for commercial purposes, other than using the nam	ne and add	ress of any political committee to	solicit contributions from s	such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)				
\rangle	National Association of Insurance and Fintee	ancial Ad	dvisors Political Action Comr	mit-	
۹.	Full Name (Last, First, Middle Initial) Mr. John B. Kearns, LUTCF			Date of Receipt	
	Mailing Address 1802 First Ave			05 / 10	2007
	City	State	Zip Code	Transaction ID: R1	677769
	Scottsbluff	NE	69361	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	С			42.50
	Self-employed	Dccupation nsurance		Payroll Deduction	
			Year-to-Date ▼	-	
	Primary General Other (specify) ▼	33 13	212.50		
3.	Full Name (Last, First, Middle Initial) Ms. Rita A. Kerber, LUTCF			Date of Receipt	
	Mailing Address 1941 E. 135 th			05 30	2007
	City	State	Zip Code	Transaction ID: R1	682057
	Thornton	CO	80241-4110	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	С			30.75
	Self-employed	Occupation nsurance		Credit Card	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼	1 1	280.75		
- C.	Full Name (Last, First, Middle Initial) Mr. Michael L. Kerley, JD			Date of Receipt	
	Mailing Address 2901 Telestar Court			0 5 1 1	2007
	City	State	Zip Code	Transaction ID: R1	681572
	Falls Church	VA	22042	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			52.25
	Self-employed *	Dccupation nsurance		Check	
	•		Year-to-Date ▼		
	Primary General Other (specify) ▼		522.50		
s	UBTOTAL of Receipts This Page (optional)				125.50
T	OTAL This Period (last page this line number only))	>		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 100 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee	nancial A	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. Michael L. Kerley, JD Mailing Address 2901 Telestar Court City Falls Church FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For:	State VA C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Primary General Other (specify) ▼	0 0	522.50	
3.	Full Name (Last, First, Middle Initial) Mr. Roy W. Kern, LUTCF,CLTC Mailing Address 3775 West Randall Road City Springfield FEC ID number of contributing federal political committee.	State MO	Zip Code 65810	Date of Receipt M M
	Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	Occupation Insurance Aggregate		
Full Name (Last, First, Middle Initial) Mr. Richard D. Kimmel Mailing Address 6525 Bellaire Drive S		7'm Cod-	Date of Receipt M	
	City Ft Worth FEC ID number of contributing federal political committee. Name of Employer	State TX C Occupation	Zip Code 76132-1138	Transaction ID: R1677826 Amount of Each Receipt this Period 42.00 Payroll Deduction
	Self-employed Receipt For: Primary General Other (specify) ▼	Insurance		
s	UBTOTAL of Receipts This Page (optional)			154.25
T	OTAL This Period (last page this line number on	v)		

SC	CHEDULE A (FEC Form 3X)		l la a agravata a abadula(a)	FOR LINE NUMBER: PAGE 43 / 100				
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)				
11	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12				
				13 14 15 16 17				
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and ado	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.				
$\overline{}$	NAME OF COMMITTEE (In Full)							
\rangle	National Association of Insurance and F tee	inancial Ad	dvisors Political Action Com	nit-				
۹.	Full Name (Last, First, Middle Initial) Mr. David G. Klemisch, LUTCF			Date of Receipt				
	Mailing Address 2801 26th Ave SW			05 / 10 / Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: R1678344				
	<u>Fargo</u>	ND	58103	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		51.00				
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction				
	Receipt For:		Year-to-Date ▼	_				
	Primary General		055.00					
	Other (specify)		255.00					
3.	Full Name (Last, First, Middle Initial) Mr. Casey C. Knake, CLU, ChFC			Date of Receipt				
	Mailing Address 2902 Mach I Dr.			05 / 10 / Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: R1678109				
	Norfolk	NE	68701-3238	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		42.00 Payroll Deduction				
	Name of Employer Self-employed	Occupation Insurance		Fayron Deduction				
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General Other (specify) ▼		210.00					
 C.	Full Name (Last, First, Middle Initial) Mr. Kenneth E. Knox, CLU, ChFC			Date of Receipt				
	Mailing Address Unit 9, 10 East St			05 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: R1679258				
	Providence	RI	02906-3069	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		50.40				
	Name of Employer	Occupation	1	Payroll Deduction				
	Self-employed 1	Insurance	e Agent					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General	, , ,	252.00					
	Other (specify) ▼	0 0						
SI	UBTOTAL of Receipts This Page (optional)							
T	OTAL This Period (last page this line number or	ıly)						

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 44 / 100 (check only one)			
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a			
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-			
۷.	Full Name (Last, First, Middle Initial) Mr. Lance B. Kolbet, RHU,LUTCF Mailing Address 4632 Mountain Park Rd.			Date of Receipt			
	City	State	Zip Code	05 10 2007			
	Pocatello	ID	83202	Transaction ID: R1679386 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	126.00			
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 630.00				
3.	Full Name (Last, First, Middle Initial) Mr. David M. Koll, LUTCF			Date of Receipt			
	Mailing Address 1612 S. 152nd Street			05 10 7 2007			
	City	State NE	Zip Code	Transaction ID: R1678808			
	Omaha FEC ID number of contributing federal political committee.	C	68144-5121	Amount of Each Receipt this Period			
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 525.00				
	Full Name (Last, First, Middle Initial) Mr. Richard A. Koob, CLU, ChFC,			Date of Receipt			
	Mailing Address 301 Frederick Street			05 / 10 / Y Y Y Y Y Y			
	City Waukesha	State WI	Zip Code 53186-8116	Transaction ID: R1679044 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	30100 0110	50.40			
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 252.00				
SI	UBTOTAL of Receipts This Page (optional)			281.40			
T	OTAL This Period (last page this line number only)						

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 45 / 100	
	ITEMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	y information copied from such Reports and State	ements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Association of Insurance and Fi	nanaial A	duinava Dalitiaal Antion Com	: !
\angle	tee	nanciai A	dvisors Political Action Com	
Α.	Full Name (Last, First, Middle Initial) Mr. David T. Koppa, CLU, LUTCF			Date of Receipt
Α.	Mailing Address 1105 Via Bolzano			M M / D D / Y Y Y Y
				05 10 2007
	City	State	Zip Code	Transaction ID: R1678786
	Santa Barbara	CA	93111	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.50
	Name of Employer Self-employed	Occupation	1	Payroll Deduction
		Insurance	-	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		212.50	
В.	Full Name (Last, First, Middle Initial) Mr. Dean Raymond Kortge, CLU			Date of Receipt
	Mailing Address 5330 Nectar Way			05 23 2007
	City	State	Zip Code	Transaction ID: R1681877
	Eugene	OR	97405-4647	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-employed	Occupation	1	Credit Card
		Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	250.00	
	Guier (opsony) 🔻			
С.	Full Name (Last, First, Middle Initial) Mr. George C. Kosmos, Jr., CLU			Date of Receipt
О.	Mailing Address The Highlands			M M / D D / Y Y Y Y
				05 21 2007
	City	State	Zip Code	Transaction ID: R1681730
	Seattle	WA	98177	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	า	Check
	Name of Employer Self-employed	Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)		250.00	
	UDTOTAL (CD., 11 Th. D., 11 Th. T.			542.50
	UBTOTAL of Receipts This Page (optional)		······	
Т	OTAL This Period (last page this line number onl	ly))	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 46 / 100
	ITEMIZED RECEIPTS		or each category of the	(check only one)	. –
11	EIVIIZED NECEIP 13		Detailed Summary Page	X 11a 11b	11c 12
				13 14	15 16 17
Ar	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of solicit	ing contributions
OI		SOlicit Contributions from 8	such committee.		
	NAME OF COMMITTEE (In Full)				
\angle	National Association of Insurance and F tee	inancial Ad	dvisors Political Action Com	mit-	
A.	Full Name (Last, First, Middle Initial) Mr. William P. Krause, CLU, ChFC			Date of Receipt	
	Mailing Address 1765 Elbow Lane			0 5 3 1	2007
	City	State	Zip Code	Transaction ID: R1	682089
	Allentown	PA	18103-9654	Amount of Each Red	
	FEC ID number of contributing		1 1 1 1 1 1		
	federal political committee.	C			250.00
	Name of Employer	Occupation	า	Credit Card	
	Self-employed	Insurance	e Agent		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		050.00	1	
	Other (specify)		250.00		
В.	Full Name (Last, First, Middle Initial)			Data of Descipt	
Ь.				Date of Receipt	, , , , ,
	Mailing Address 2 Briars Corners			05 10	2007
	City	State	Zip Code	Transaction ID: R1681546	
	Briarcliff Manor	NY	10510-7350	Amount of Each Red	
	FEC ID number of contributing			7 1111001111 01 20011 1101	· · · · · · ·
	federal political committee.	C			250.00
				Check	
	Name of Employer Self-employed	Occupation			
		Insurance	e Agent e Year-to-Date ▼	_	
	Receipt For: Primary General	Aggregate	rtear-to-Date V	,	
	Other (specify)		250.00		
	(3)	0 0		1	
С.	Full Name (Last, First, Middle Initial) Mr. Thomas R. Laster, RHU			Date of Receipt	
	Mailing Address 1713 Elmhurst Ave			M M / D D	/ Y Y Y Y
				05 10	2007
	City	State	Zip Code	Transaction ID: R1	679693
	Nichols Hills	OK	73120	Amount of Each Red	ceipt this Period
	FEC ID number of contributing	C			50.40
	federal political committee.				00.10
Self-employed Insura		Occupation	า	Payroll Deduction	
		Insurance			
			e Year-to-Date ▼		
	Primary General			1	
Other (specify) ▼			252.00		
	•				
s	UBTOTAL of Receipts This Page (optional)		550.40		
				-	
т	OTAL This Period (last page this line number on	ly)	>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 47 / 100
	TEMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may ne and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and Fir tee	nancial Ad	dvisors Political Action Comr	nit-
۹.	Full Name (Last, First, Middle Initial) Mr. John M. Lawler, LUTCF			Date of Receipt
٦.	Mailing Address 401 Penny St			M M / D D / Y Y Y Y
	City	State	Zip Code	0 5 1 7 2 0 0 7 Transaction ID: R1681804
	<u>Tea</u>	SD	57064-2322	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer	Occupation	1	Credit Card
	Self-employed Self-employed	Insurance	e Agent	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		425.00	
3.	Full Name (Last, First, Middle Initial) Mr. John M. Lawler, LUTCF			Date of Receipt
	Mailing Address 401 Penny St			05 / 17 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1681809
	Tea	SD	57064-2322	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		325.00 Credit Card
	Self-employed 1	Occupation Insurance		Gredit Card
	Receipt For:		Year-to-Date V	-
	Primary General	00 0	425.00	
	Other (specify)	0 0	423.00	
Э.	Full Name (Last, First, Middle Initial) Mr. Daniel L. Lawrence			Date of Receipt
	Mailing Address 5553 Peters Drive			05 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1678107
	West Bend	WI	53095	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		51.00
	Salf-amployed 1	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		255.00	
s	UBTOTAL of Receipts This Page (optional)			476.00
_		`		
T	OTAL This Period (last page this line number only	/)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 100 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee	nancial A	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. Dennis A. Lawton, CLU Mailing Address 1138 S Holt Avenue City Los Angeles FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State CA C C C C C C C C C C C C C C C C C C		Date of Receipt M M
3.	Full Name (Last, First, Middle Initial) Mr. Larry R. Lee, CLU, ChFC Mailing Address 25106 Cineria City Lake Forest FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State CA C Occupation Insurance Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: R1682066 Amount of Each Receipt this Period 500.00 Credit Card
D.	Full Name (Last, First, Middle Initial) Mr. Lanny D. Levin, CLU, ChFC Mailing Address 313 Laurel City Highland Park FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State IL C Occupation Insurance Aggregate		Date of Receipt M M
s	UBTOTAL of Receipts This Page (optional)		_	842.00
т	OTAL This Period (last page this line number on	lv)	_	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 49 / 100
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Stat	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
/	National Association of Insurance and F tee	inancial Ad	dvisors Political Action Com	mit-
۹.	Full Name (Last, First, Middle Initial) Mr. T. Leslie Littleton, LUTCF, CLU			Date of Receipt
	Mailing Address 1025 E. Austin			05 10 7 2007
	City	State	Zip Code	Transaction ID: R1679762
	Nacogdoches	TX	75965-2964	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.50
	Name of Employer Self-employed	Occupation		Payroll Deduction
		Insurance		4
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		212.50	
3.	Full Name (Last, First, Middle Initial) Mr. J. David Loftus, HIA,FIC,LU			Date of Receipt
	Mailing Address 11110 S. Foxmoor Dr.	05 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: R1681699
	Sandy	UT	84092-5250	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Self-employed	Occupation Insurance		Check
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
Э.	Full Name (Last, First, Middle Initial) Mr. Lawrence E. Lounds			Date of Receipt
	Mailing Address 2477 Valley Oaks Circle			05 10 7 2007
	City	State	Zip Code	Transaction ID: R1679793
	<u>Flint</u>	MI	48532	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		105.00
	Name of Employer	Occupation	1	Payroll Deduction
	Self-employed 1	Insurance	-	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		525.00	
s	UBTOTAL of Receipts This Page (optional)			297.50
	,		•	
T	OTAL This Period (last page this line number on	ly)	>	

S	SCHEDULE A (FEC Form 3X)		Llas asperata ashadula(s)	FOR LINE NUMBER: PAGE 50 / 100	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12	
_				13 14 15 16 17	
or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and ado	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
	National Association of Insurance and Fi	inancial Ad	dvisors Political Action Com	mit-	
A.				Date of Receipt	
	Mailing Address 8375 Starlight Lane			05 10 2007	
	City	State	Zip Code	Transaction ID: R1678549	
	Boones Mill	VA	24065-1909	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		42.00	
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction	
	Receipt For:		Year-to-Date ▼		
	Primary General		010.00	1	
	Other (specify) ▼	0 0	210.00		
В.	Full Name (Last, First, Middle Initial) Mr. Glenford B. Malcolm, Sr.			Date of Receipt	
٥.	Mailing Address P. O. Box 822315			M M / D D / Y Y Y Y	
				05 10 2007	
	City	State	Zip Code	Transaction ID: R1679806	
	South Florida	FL	33082	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee			42.00	
	federal political committee.				
	Name of Employer Self-employed	Occupation	1	Payroll Deduction	
		Insurance			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		210.00		
	Other (specify) ▼	0 0	0 0 0 0 0 0 0		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. David J. Malone, CLU, ChFC			Date of Receipt	
	Mailing Address 251 Timothy Drive			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O	
		251 Timothy Drive			
	City	State	Zip Code	Transaction ID: R1681486	
	Pittsburgh	PA	15222	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		250.00	
	Name of Employer Self-employed	Occupation Insurance		Check	
	Receipt For:		Year-to-Date ▼	\dashv	
	Primary General	199.194		1	
	Other (specify) ▼		250.00		
				334.00	
S	UBTOTAL of Receipts This Page (optional))	334.00	
_T	OTAL This Period (last page this line number on	lv)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 100 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	ny information copied from such Reports and Staten for commercial purposes, other than using the nam	nents may ne and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	ancial Ad	dvisors Political Action Com	nit-
Α.	Name of Employer CSelf-employed	State FL Occupation nsurance		Date of Receipt M M
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	
3.	Full Name (Last, First, Middle Initial) Mr. Leonard Martin, CSA Mailing Address 98 Tennyson Rd	01-1-	7: 0.1	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Warwick	State RI	Zip Code 02888	Transaction ID: R1678736 Amount of Each Receipt this Period
	EEC ID assembles of a setable stine.	C		50.40
	Self-employed 1	Occupation nsurance	e Agent	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00	
Э.	Full Name (Last, First, Middle Initial) Mr. Roosevelt Maske, LUTCF			Date of Receipt
	Mailing Address 5515 Fairvista Drive			05 29 2007
	City	State NC	Zip Code	Transaction ID: R1681957
	Charlotte FEC ID number of contributing federal political committee.	C	28269-0633	Amount of Each Receipt this Period 143.00
	Self-employed 1	Occupation nsurance		Check
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 281.60	
s	UBTOTAL of Receipts This Page (optional)			235.40
T	OTAL This Period (last page this line number only)			

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 52 / 100
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or		name and add	aress of any political committee to	Solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	<u></u>	Literan Baltita di Antina Oran	9
\angle	National Association of Insurance and tee	Financiai Ad	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. Darren Scott Mason, CLU, ChFC			Date of Receipt
	Mailing Address 178 Shorecliff Rd			05 10 2007
	City	State	Zip Code	Transaction ID: R1679248
	Corona Del Mar	CA	92625-2648	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		41.66
	Name of Employer Self-employed	Occupation		Payroll Deduction
		Insurance		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		208.30	
_	Full Name (Last, First, Middle Initial)			Data of Bassist
В.	Mr. Mervyn J. Matorian, CLU,ChFC,C Mailing Address 1931 Spode Ave			Date of Receipt
	Mailing Address 1931 Spode Ave	05 23 2007		
	City	State	Zip Code	Transaction ID: R1681869
	Henderson	NV	89014-3795	Amount of Each Receipt this Period
	FEC ID number of contributing	С		600.00
	federal political committee.			
	Name of Employer Self-employed	Occupation	1	Credit Card
	Self-employed 5	Insurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		600.00	1
	Other (specify)	0 0	000.00	
_	Full Name (Last, First, Middle Initial)			Data of Dessirt
C.	Mr. Carl James Maus, LUTCF Mailing Address 432 Fort Saratoga			Date of Receipt
	432 Fort Saratoga			05 10 2007
	City	State	Zip Code	Transaction ID: R1679753
	Saint Charles	MO	63303-1766	Amount of Each Receipt this Period
	FEC ID number of contributing	С		50.40
	federal political committee.			
	Name of Employer Self-employed	Occupation		Payroll Deduction
		Insurance		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)		252.00	
		0 0		4
s	UBTOTAL of Receipts This Page (optional)			692.06

٥,	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 53 / 100			
			Use separate schedule(s)	(check only one)			
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12			
			Detailed Summary Fage	13 14 15 16 17			
An	y information copied from such Reports and State	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions			
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.			
$\overline{}$	NAME OF COMMITTEE (In Full)						
\rangle	National Association of Insurance and Fi	nancial A	dvisors Political Action Com	nit-			
_	tee						
	Full Name (Last, First, Middle Initial)			Date of Descint			
٦.	Mr. James L. McConathy, Jr. Mailing Address 706 Trenton St Apt 6			Date of Receipt			
	Mailing Address 706 Trenton St., Apt. 6			05 10 2007			
	City	State	Zip Code	Transaction ID: R1677975			
	West Monroe	LA	71291	Amount of Each Receipt this Period			
			71231	Amount of Each receipt this renou			
	FEC ID number of contributing federal political committee.	C		50.00			
				Payrell Deduction			
	Name of Employer Self-employed	Occupation	า	Payroll Deduction			
		Insurance					
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		250.00				
	Other (specify) ▼		230.00				
2	Full Name (Last, First, Middle Initial) Mr. William K. McGreevy, CLU, LUTCF			Date of Receipt			
•	Mailing Address 4705 South Lewis Avenue			M M / D D / Y Y Y Y			
	waining Address 4705 South Lewis Avenue			05 15 2007			
	City State Zip Code			Transaction ID: R1681651			
	Sioux Falls	SD	57103-5413	Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C		117.50			
				Check			
	Name of Employer Self-employed	Occupation					
		Insurance					
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				
	Other (specify)	' '	367.50				
	Other (specify)	0 0					
	Full Name (Last, First, Middle Initial)						
Э.	Mr. William K. McGreevy, CLU, LUTCF			Date of Receipt			
	Mailing Address 4705 South Lewis Avenue	е		M M M / D D / Y Y Y Y			
				05 17 2007			
	City	State	Zip Code	Transaction ID: R1681827			
	Sioux Falls	SD	57103-5413	Amount of Each Receipt this Period			
	FEC ID number of contributing	С		250.00			
	federal political committee.						
	Name of Employer	Occupation	1	Credit Card			
	Self-employed	Insurance	e Agent				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General		007.50	1			
	Other (specify) ▼		367.50				
	SUBTOTAL of Descripts This Dags (entions)						
S	UBTOTAL of Receipts This Page (optional)		······	417.50			
_							
T	OTAL This Period (last page this line number onl	y)	>				

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 54 / 100
ITEMIZED RECEIPTS			or each category of the	(check only one)
••	EMIZED RECEIL 10		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	ay information conied from such Reports and Sta	otomonte may	y not be sold or used by any pers	
or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and F tee	Financial Ad	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) A. Mr. Charles E. McIntyre, CLU, ChFC			Date of Receipt
	Mailing Address 5514 Old Ocean Boulev	ard		05 14 2007
	City	State	Zip Code	Transaction ID: R1681619
	Ocean Ridge FL		33435	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-employed	Occupation		Check
		Insurance	e Agent e Year-to-Date ▼	
	Receipt For: Primary General	Aggregate	r rear-to-Date ▼	-
	Other (specify)	1	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Dennis R. Merideth, CLU, ChFC			Date of Receipt
υ.	Mailing Address 6210 N. Camino Pimeria Alta			M M / D D / Y Y Y Y
		05 10 2007		
	City	State	Zip Code	Transaction ID: R1678964
	Tucson	AZ	85718	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		66.00
				Payroll Deduction
	Name of Employer Self-employed	Occupation		1 dyron Beddellon
	Receipt For:	Insurance	e Agent e Year-to-Date ▼	
	Primary General	Aggregate	F Teal-to-Date ▼	1
	Other (specify) ▼		330.00	
_				
C.	Full Name (Last, First, Middle Initial) Mr. David A. Middaugh, CLU, AEP			Date of Receipt
	Mailing Address 3273 Evergreen Road			M M / D D / Y Y Y Y
	011	01-1-	7'- 0-4-	05 10 2007
	City Fargo	State ND	Zip Code 58102-1214	Transaction ID: R1679751 Amount of Each Receipt this Period
	FEC ID number of contributing		30102-1214	
	federal political committee.	C		126.00
	Name of Employer	Occupation	า	Payroll Deduction
	Self-employed	Insurance		
	Receipt For:	+	Year-to-Date ▼	
	Primary General		630.00	1
	Other (specify)	0 0	000.00	1
Г				
s	UBTOTAL of Receipts This Page (optional)			442.00
\vdash	. 5 /			
т	OTAL This Period (last page this line number or	nlv)		

SCHEDULE A (FEC Form 3X)

SCHEDIII	E A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 55 / 100		
			Use separate schedule(s)	(check only one)			
ITEMIZED	RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c 12		
			Detailed Guillinary Fage	13 14	15 16 17		
Any information	copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of solicit	ting contributions		
or for commerc	ial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from	such committee.		
\ NAME OF C	COMMITTEE (In Full)						
	Association of Insurance and F	inancial A	dvisors Political Action Com	mit-			
/ tee				_			
	Last, First, Middle Initial)			Data of Data dat			
	. Miller, LUTCF, CLU			Date of Receipt			
Mailing Add	ress 649 State Road P.O. Box 186			05 10	2007		
City	P.O. BOX 100	State	Zip Code	Transaction ID: R1			
Vassar		MI	48768				
		IVII	40700	Amount of Each Re	ceipt this Period		
	nber of contributing cal committee.	C			42.50		
rederal politi	car committee.						
Name of Em Self-employ	nployer	Occupation	า	Payroll Deduction			
Self-employ	ed	Insurance	e Agent				
Receipt For:	:	Aggregate	e Year-to-Date ▼				
Prima	ry General		010,50	1			
Other	(specify) ▼		212.50				
	Last, First, Middle Initial)			Date of Receipt			
	Mr. James E. Mitchell, LUTCF, CTP						
Mailing Add	Mailing Address 2209 Ontario			M M / D D	/ Y Y Y Y		
0				05 10	2007		
City		State	Zip Code	Transaction ID: R1			
<u>Bellinghar</u>	n	WA	98229-4027	Amount of Each Re	ceipt this Period		
	nber of contributing	C			60.00		
federal politi	cal committee.				00.00		
Name of Em	nnlover	Occupation	า	Payroll Deduction			
Self-employ	ed	Insurance					
Receipt For:	:		Year-to-Date ▼				
Prima		33 -3		1			
Other	(specify) ▼		375.00				
Full Name (I	Last, First, Middle Initial)						
Mr. James E	. Mitchell, LUTCF, CTP			Date of Receipt			
Mailing Add	ress 2209 Ontario			M M / D D	/ Y 'Y 'Y 'Y		
				05 29	2007		
City		State	Zip Code	Transaction ID: R1			
<u>Bellinghar</u>	n	WA	98229-4027	Amount of Each Re	ceipt this Period		
	nber of contributing	C			75.00		
federal politi	cal committee.				. 0.00		
Name of Em	nplover	Occupation	า	Check			
Self-employ	ed	Insurance					
-			Year-to-Date ▼	-			
Prima		33 -3-40		1			
	(specify) ▼		375.00				
				·			
SUBTOTAL o	f Receipts This Page (optional)				177.50		
	1 (
TOTAL This F	Period (last page this line number or	nly))				

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 56 / 100
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the nar	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
National Association of Insurance and Fir tee	nancial Ad	dvisors Political Action Com	nit-
Full Name (Last, First, Middle Initial) 4. Mr. Martin Montefel, CLU			Date of Receipt
Mailing Address 16932 SW 5th Way			M M / D D / Y Y Y Y
	01-1-	7'- 0-4-	05 10 2007
City <u>Weston</u>	State FL	Zip Code 33326-1564	Transaction ID: R1679381 Amount of Each Receipt this Period
FEC ID number of contributing		00020 1004	
federal political committee.	C		50.00
Name of Employer	Occupation	1	Payroll Deduction
Self-employed	Insurance	e Agent	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify)	' '	450.00	
Other (specify)	0 0	0 0 0 0 0 0 0	
Full Name (Last, First, Middle Initial) 3. Mr. James W. Monteverde			Date of Receipt
Mailing Address WaterWorks Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: R1679824
Sewickley	PA	15143	Amount of Each Receipt this Period
FEC ID number of contributing	С		50.00
federal political committee.			
Self-employed 1	Occupation		Payroll Deduction
	Insurance		
Receipt For: Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		250.00	
Full Name (Last, First, Middle Initial) 7. Mr. Robert J. Morales, LUTCF, CLT			Date of Receipt
Mailing Address 1125 Wyoming Avenue			M M / D D / Y Y Y Y Y O D D / 2007
City	State	Zip Code	Transaction ID: R1677275
Reno	NV	89503-3342	Amount of Each Receipt this Period
FEC ID number of contributing	С		60.00
federal political committee.	0		
Self-employed 1	Occupation		Payroll Deduction
Receipt For:	Insurance	e Agent e Year-to-Date ▼	-
Primary General	Aggregate	: Teal-to-Date ▼	
Other (specify) ▼		300.00	
SUBTOTAL of Receipts This Page (optional)			160.00
TOTAL This Period (last page this line number only	y)	>	L

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 57 / 100 (check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee	nancial Ad	dvisors Political Action Com	mit-
۸.	Full Name (Last, First, Middle Initial) Mr. Raymond H. Moran, CLU, ChFC			Date of Receipt
	Mailing Address 5463 Irvin Park Cove	State	Zip Code	05 10 2007
	City Memphis	TN	38119	Transaction ID: R1679572 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	
3.	Full Name (Last, First, Middle Initial) Mr Joseph L Morton, III,JD			Date of Receipt
	Mailing Address 5487 N. Bach	05 10 7 2007		
	City Meridian	State ID	Zip Code 83642	Transaction ID: R1676283
	FEC ID number of contributing federal political committee.	C	03042	Amount of Each Receipt this Period 126.00
	Name of Employer Self-employed	Occupation Insurance	e Agent	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 672.00	
). D.	Full Name (Last, First, Middle Initial) Mr Joseph L Morton, III,JD			Date of Receipt
	Mailing Address 5487 N. Bach			05 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Meridian	State ID	Zip Code 83642	Transaction ID: R1682040 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Self-employed	Occupation Insurance		Check
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 672.00	
SI	UBTOTAL of Receipts This Page (optional)			210.00
T	OTAL This Period (last page this line number onl	ly))	

COUEDING A (FEC Form 2V)				FOR LINE NUMBER: PAGE 58 / 100	
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)	
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16 17	
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any pers	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the na	ame and add	dress of any political committee t	o solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
\rangle	National Association of Insurance and F tee	inancial A	dvisors Political Action Con	nmit-	
Α.	Full Name (Last, First, Middle Initial) Mr. Robert M. Nelson, CLU, LUTCF			Date of Receipt	
	Mailing Address 14712 Shirley Street			05 10 2007	
	City		Zip Code	Transaction ID: R1679756	
	Omaha	NE	68144-2144	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		50.00	
	Name of Employer	Occupation	1	Payroll Deduction	
	Self-employed	Insurance	e Agent		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)		200.00		
	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 10468 S.W. 78 Street		05 18 2007		
	City	State	Zip Code	Transaction ID: R1681709	
	Miami	FL	33173-2909	Amount of Each Receipt this Period	
			00170 2303		
	FEC ID number of contributing federal political committee.	C		250.00	
				Check	
	Name of Employer Self-employed	Occupation .		Gricon	
		Insurance			
	Receipt For:	Aggregate	e Year-to-Date ▼	_	
	Primary General Other (specify) ▼		250.00		
		0 0			
C.	Full Name (Last, First, Middle Initial) Mr. John F. Nichols, CLU, DIA			Date of Receipt	
	Mailing Address 1331 W Norwood Avenu	е		05 10 2007	
	City	State	Zip Code	Transaction ID: R1677130	
	Chicago	IL	60660	Amount of Each Receipt this Period	
	FEC ID number of contributing			40.00	
	federal political committee.	C		42.00	
	Name of Employer	Occupation	า	Payroll Deduction	
	Self-employed	Insurance			
	Receipt For:		Year-to-Date ▼		
	Primary General			1	
Other (specify) ▼			210.00		
				342.00	
S	UBTOTAL of Receipts This Page (optional)	<u></u>	······································	342.00	
T	OTAL This Period (last page this line number or	ıly)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 59 / 100
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An	ny information copied from such Reports and State	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	me and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
/	National Association of Insurance and Fittee	nancial Ad	dvisors Political Action Com	nit-
۹.	Full Name (Last, First, Middle Initial) Ms. Shirley A. Nielsen, LUTCF, CLU			Date of Receipt
	Mailing Address 2817 Circle Drive			05 10 7 2007
	City	State	Zip Code	Transaction ID: R1679748
	Grand Island	NE	68801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	-
	Primary General	, iggi ogaio		
	Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Frank R. Nolimal, CLU, ChFC,			Date of Receipt
	Mailing Address 2017 Grafton Ave	05 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: R1679667
	Henderson	NV	89014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	
	Full Name (Last, First, Middle Initial) Mr. Brian E. O'Brien, CLU,ChFC,L			Date of Receipt
	Mailing Address 1651 Wolf Run Dr.			0 5 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1676901
	Richfield	WI	53076	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
		Insurance		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		282.00	
s	UBTOTAL of Receipts This Page (optional)			170.00
			•	
T	OTAL This Period (last page this line number onli	y)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 60 / 100
TEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
National Association of Insurance and F tee	inancial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial) A. Mr. James W. Oglesby, LUTCF			Date of Receipt
Mailing Address P. O. Box 7156			05 10 7 2007
City	State	Zip Code	Transaction ID: R1679582
Asheville	NC	28802-7156	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		143.00
Name of Employer Self-employed	Occupation		Payroll Deduction
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	715.00	
Full Name (Last, First, Middle Initial) Mr. Rex W Oliver			Date of Receipt
Mailing Address 1173 South 250 West Suite 201			05 / 10 / Y Y Y Y Y Y
City	State UT	Zip Code	Transaction ID: R1676292
Saint George	UI	84770	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.50
Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		212.50	
Full Name (Last, First, Middle Initial) C. Ms. Rae Lee Olson			Date of Receipt
Mailing Address 218 N El Monte Ave			05 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: R1679730
Los Altos	CA	94022-2354	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.50
Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	212.50	
SUBTOTAL of Receipts This Page (optional)			228.00
TOTAL This Period (last page this line number or	าly)	.	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 100 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Statem for commercial purposes, other than using the name	nents may e and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	ancial Ac	dvisors Political Action Com	mit-
Α.	White Plains FEC ID number of contributing federal political committee. Name of Employer Self-employed On International Committee International Com	State NY C ccupation asurance		Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: R1678812 Amount of Each Receipt this Period 42.00 Payroll Deduction
3.	•	State WA	Zip Code 98294	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Self-employed In	ccupation nsurance Aggregate		42.50 Payroll Deduction
D.	Elkton FEC ID number of contributing federal political committee. Name of Employer Self-employed On International Self-employed	State MD Ccupatior asurance		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		_	126.50
T	OTAL This Period (last page this line number only)		.	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 62 / 100 (check only one)
	EIWIIZED NEGEIP 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and Fitee	nancial A	dvisors Political Action Com	mit-
۹.	Full Name (Last, First, Middle Initial) Mr. Aldous Kawailani Paalani			Date of Receipt
	Mailing Address 2219 Kaululaau Street			05 10 7 2007
	City	State	Zip Code	Transaction ID: R1679089
	Honolulu	HI	96813-1230	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Joseph S. Pantozzi, CLU, ChFC			Date of Receipt
	Mailing Address PO Box 95063			05 10 7 2007
	City	State	Zip Code	Transaction ID: R1679345
	Las Vegas	NV	89193	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	300.00	
— C.	Full Name (Last, First, Middle Initial) Mr. Barton C. Pasco, CLU, ChFC,			Date of Receipt
	Mailing Address 309 Running Cedar Lane)		05 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1679411
	Richmond	VA	23229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:	Insurance	e Year-to-Date ▼	\dashv
	Primary General Other (specify) ▼		267.50	
SI	UBTOTAL of Receipts This Page (optional)			160.00
т	OTAL This Period (last page this line number on	ly))	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 63 / 100
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
_	NAME OF COMMITTEE (In Full)		71	
\rangle	National Association of Insurance and F tee	inancial A	dvisors Political Action Com	nit-
Δ.	Full Name (Last, First, Middle Initial) Ms. Debbie K. Paul, CLU, ChFC			Date of Receipt
-	Mailing Address 4001 MacArthur Blvd Su	ite 300		M M / D D / Y Y Y Y
City State			Zip Code	0 5 1 0 2 0 0 7 Transaction ID: R1679251
	Newport Beach	CA	92660-2510	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.50
	Name of Employer Self-employed	Occupation	n	Payroll Deduction
	Seir-employed	Insurance		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		212.50	
3.	Full Name (Last, First, Middle Initial) Mr. Bradley A. Peete, CFP,CLU,Ch			Date of Receipt
	Mailing Address 100 Elmwood Terrace			05 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1682076
	Greensboro	NC	27408	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		275.00
	Name of Employer Self-employed	Occupation		Credit Card
	Receipt For:	Insurance Aggregate	e Year-to-Date ▼	-
	Primary General	33 - 3		
	Other (specify) ▼		275.00	
<u>.</u>	Full Name (Last, First, Middle Initial) Mr. Gary H. Pendleton, CLU, ChFC			Date of Receipt
	Mailing Address 2601 Oberlin Rd			M M / D D / Y Y Y Y
	City	State	Zip Code	05 10 2007 Transaction ID: R1678959
	Raleigh	NC	27608-1319	Amount of Each Receipt this Period
	FEC ID number of contributing	С		45.83
	federal political committee.			
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:	Insurance	e Agent e Year-to-Date ▼	_
	Primary General	Aggregate		
	Other (specify) ▼	0 0	229.15	
s	UBTOTAL of Receipts This Page (optional)			363.33
_	OTAL This Paried (last page this line number of	alv)		
	OTAL This Period (last page this line number or	пу)	······································	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 64 / 100			
ITEMIZED RECEIPTS			or each category of the	(check only one)		
••	LIVIIZED RECEII 10		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1	7	
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any perso	on for the purpose of soliciting contributions		
01	NAME OF COMMITTEE (In Full)	TIAITIE AITU AUC	aress of any political committee to	Solicit contributions from such committee.	_	
\rangle	National Association of Insurance and tee	mit-				
_	Full Name (Last, First, Middle Initial)				_	
Α.	Mr. Brian R. Phares, LIC, RFC			Date of Receipt		
	Mailing Address 1420 Hackberry Road			05 10 2007		
	City	State	Zip Code	Transaction ID: R1679745		
	North Platte NE		69101-6841	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			47.50		
	Name of Employer	Occupation	n	Payroll Deduction		
	Self-employed	Insurance				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		337.50	1		
	Other (specify) ▼	0 0				
В.	Full Name (Last, First, Middle Initial) Mr. R. Jan Pinney, CLU, ChFC,			Date of Receipt	_	
	Mailing Address 5152 Ellington Court			05 10 7 2007		
	City State		Zip Code	Transaction ID: R1678819		
	Granite Bay	CA	95746-7188	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		208.00		
	Name of Employer Self-employed	Occupation	n	Payroll Deduction		
		Insurance				
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼			
	Other (specify) ▼		1040.00			
_	Full Name (Last, First, Middle Initial)			2. (2		
C.	Mr. Henry L Prien, CLU,LUTCF Mailing Address 415 38th St S Ste F			Date of Receipt		
	Mailing Address 415 38th St S Ste E			05 10 2007		
	City	State	Zip Code	Transaction ID: R1679636		
	Fargo	ND	58103-1190	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		50.40		
	Name of Employer Self-employed	Occupation		Payroll Deduction		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		253.20	1		
	Other (specify) ▼		200.20			
s	UBTOTAL of Receipts This Page (optional)			305.90		
H	. 3 (1 2 2)				1	
т	OTAL This Period (last page this line number of		J.			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 100 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and I tee	Financial A	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. Craig L. Quinlan, CLU Mailing Address 3430 Yorkshire Ct City Palatine FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State IL C Occupation Insurance Aggregate		Date of Receipt M M M / D D M 2 0 0 7 Transaction ID: R1676142 Amount of Each Receipt this Period 42.00 Payroll Deduction
3.	Full Name (Last, First, Middle Initial) Mr. Edward F. Randolph Mailing Address 1515 Mill Bay Road City Kodiak FEC ID number of contributing federal political committee.	State AK	Zip Code 99615-6233	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Self-employed Receipt For: Primary General Other (specify)	Occupation Insurance Aggregate		Payroll Deduction
	Full Name (Last, First, Middle Initial) Mr. Richard L. Randolph, LUTCF Mailing Address 612 - 12th Ave. City Fairbanks FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State AK C Occupation Insurance Aggregate		Date of Receipt M M Z 2 Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
s	UBTOTAL of Receipts This Page (optional)			334.00
T	OTAL This Period (last page this line number o	nlv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 66 / 100
ITEMIZED RECEIPTS		or each category of the		(check only one)
•••	TI LIVIIZED ITECLIF 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and F	inancial Ad	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. Lawrence B. Raymond			Date of Receipt
	Mailing Address 230 Woodberry Dr			05 17 2007
	City	State	Zip Code	Transaction ID: R1681687
	Bloomfield Hills	MI	48304-3561	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	1	Check
	Self-employed	Insurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	
	Other (specify) 🔻	0 0	1000.00	
В.	Full Name (Last, First, Middle Initial) Ms. Lynda L. Regan			Date of Receipt
	Mailing Address 351 Hicks Valley Rd			05 29 2007
	City	State	Zip Code	Transaction ID: R1681911
	Petaluma	CA	94952-9485	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-employed	Occupation Insurance		Check
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial)			Date of Descint
U.	Mr. Robert W. Rensing, LUTCF Mailing Address 2515 S. 105th Ave			Date of Receipt
	2515 S. 105(11 Ave			05 10 2007
	City	State	Zip Code	Transaction ID: R1677408
	Omaha	NE	68124-1825	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General	111		1
	Other (specify) ▼		210.00	
	<u>_</u>			
s	UBTOTAL of Receipts This Page (optional))	792.00
1 -				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 67 / 100
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and Fitee	inancial A	dvisors Political Action Com	mit-
۹.	Full Name (Last, First, Middle Initial) Mr. August P. Richter, IV,LUTCF,			Date of Receipt
	Mailing Address 401 Wild Oak Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1676971
	Manitowoc	WI	54220-9054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.40
	Name of Employer Self-employed	Occupation		Payroll Deduction
		Insurance		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	252.00	
	and (openly) V	0 0		
3.	Full Name (Last, First, Middle Initial) Mr. Richard R. Rios, CLU, ChFC			Date of Receipt
	Mailing Address 8720 El Chapul Way			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1676770
	Fair Oaks	CA	95628-5454	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer	Occupation	1	Payroll Deduction
	Self-employed	Insurance		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Ottier (specify) 🔻	0 0	0 0 0 0 0 0 0	
Э.	Full Name (Last, First, Middle Initial) Mr. Robert M. Roach, CLU, ChFC			Date of Receipt
	Mailing Address 1287 Harrison Pond Dri	ve		05 10 7 2007
	City		Zip Code	Transaction ID: R1679049
	•		•	
	New Albany	OH	43054	Amount of Each Receipt this Period
	•		43054	Amount of Each Receipt this Period
	New Albany FEC ID number of contributing federal political committee. Name of Employer	ОН		Amount of Each Receipt this Period
	New Albany FEC ID number of contributing federal political committee.	OH	1	Amount of Each Receipt this Period
	New Albany FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For:	OCCUpation Insurance	1	Amount of Each Receipt this Period
	New Albany FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General	OCCUpation Insurance	n e Agent	Amount of Each Receipt this Period
	New Albany FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For:	OCCUpation Insurance	n e Agent e Year-to-Date ▼	Amount of Each Receipt this Period
gi	New Albany FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	OH C Occupation Insurance Aggregate	e Agent e Year-to-Date ▼ 587.50	Amount of Each Receipt this Period 117.50 Payroll Deduction 217.90
SI	New Albany FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General	OH C Occupation Insurance Aggregate	n e Agent e Year-to-Date ▼ 587.50	Amount of Each Receipt this Period 117.50 Payroll Deduction 217.90

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 100 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the nar	ments may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and Firtee	nancial A	dvisors Political Action Com	mit-
Α.	Self-employed 1	State NY C Occupation Insurance Aggregate		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Solf amployed 1	State FL C Occupation Insurance		Date of Receipt M M M
D.	Self-employed	State MT C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: R1678856 Amount of Each Receipt this Period 60.00 Payroll Deduction
s	UBTOTAL of Receipts This Page (optional))	360.00
т	OTAL This Period (last page this line number only	<i>(</i>)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 100 (check only one) X 11a 11b 11c 12
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F			
A.	Full Name (Last, First, Middle Initial) Mr. Daniel J. Scholz, CLU, ChFC Mailing Address 1510 So. 183 Circle City Omaha FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General	State NE C Occupation Insurance Aggregate	e Agent e Year-to-Date ▼	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: R1679594 Amount of Each Receipt this Period 105.00 Payroll Deduction
	Other (specify) Full Name (Last, First, Middle Initial) Mr. Monte R. Scott, LUTCF	0 0	355.00	Date of Receipt
J.	Mailing Address 2804 SW Ridge Drive City Portland FEC ID number of contributing federal political committee.	State OR	Zip Code 97219	Transaction ID: R1681900 Amount of Each Receipt this Period 250.00 Check
	Name of Employer Self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Insurance Aggregate		
D.	Full Name (Last, First, Middle Initial) Mr. Walter J. Scott, CLU Mailing Address 1022 WASHINGTON AVE. City State Zip Code			Date of Receipt M M M
	OSHKOSH FEC ID number of contributing federal political committee.	C	54901-5354	Amount of Each Receipt this Period 50.40
	Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	Occupation Insurance Aggregate		Payroll Deduction
SI	UBTOTAL of Receipts This Page (optional)			405.40
T	OTAL This Period (last page this line number or	nly))	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 100 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and Firtee	nancial Ad	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. Troy J. Shreve, CLU Mailing Address 7100 S 45th Street City Lincoln FEC ID number of contributing federal political committee. Name of Employer Self-employed	State NE C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Solf amployed 1	State WI C Occupation Insurance Aggregate		Date of Receipt M M
D.	Self-employed 1	State NM C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		······	152.10
T	OTAL This Period (last page this line number only	v)	.	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE /1 / 100 (check only one)
Ar	by information copied from such Reports and Statements may for commercial purposes, other than using the name and add	not be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions
Š	NAME OF COMMITTEE (In Full) National Association of Insurance and Financial Actee		
A.	Full Name (Last, First, Middle Initial) Mr. H. Dan Smith, CLU, LUTCF Mailing Address 1616 Rio Vista City State Dallas TX FEC ID number of contributing federal political committee. Name of Employer Self-employed Occupation Self-employed		Date of Receipt M M
	Insurance	e Agent • Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) B. Mr. Michael T. Smith, LUTCF Mailing Address 2217 Stony Ridge Dr.			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City State	Zip Code	Transaction ID: R1681800
	Waukesha WI FEC ID number of contributing federal political committee. C	53186	Amount of Each Receipt this Period 540.00 Credit Card
	Name of Employer Self-employed Receipt For: Primary Other (specify) ▼ Occupation Insurance Aggregate		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Russell A. Smith		Date of Receipt
	Mailing Address 22928 San Joaquin Drive East		05 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State	Zip Code	Transaction ID: R1678885
	Canyon Lake CA FEC ID number of contributing federal political committee. C	92587-7831	Amount of Each Receipt this Period 208.00
	Name of Employer Self-employed Receipt For: Primary Other (specify) ▼ Occupation Insurance Aggregate		Payroll Deduction
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number only)		958.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 72 / 100
	EMIZED RECEIPTS	or each category of the		(check only one)
II EIVIIZED NECEIP 13			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and Fire	nancial Ad	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. David E. Smithkey, CLU, RFC			Date of Receipt
	Mailing Address 9451 Heddy Drive			05 10 2007
	City	State	Zip Code	Transaction ID: R1678907
	Flushing	MI	48433	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.00
	Self-employed 1	Occupation Insurance		Payroll Deduction
			Year-to-Date ▼	_
	Primary General	Aggregate	real-lo-Dale ▼	
	Other (specify)	0 0	1040.00	
В.	Full Name (Last, First, Middle Initial) Mr. Mark V. Snider, ChFC			Date of Receipt
	Mailing Address 44 Elmwood Place			05 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Zip Code			Transaction ID: R1679445
	Athens	ОН	45701-1904	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Self-employed 1	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	-
	Primary General	7 .gg. 0ga.0	· ca. to zato ·	1
	Other (specify) ▼		210.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Marian Sole, CLU, ChFC			Date of Receipt
	Mailing Address 42 Three Mile Course			M M / D D / Y Y Y Y Y Y O 7 O 3 O 7
	City	State	Zip Code	Transaction ID: R1681450
		CT	06437	Amount of Each Receipt this Period
	Guilford CT FEC ID number of contributing federal political committee. C		00407	400.00
				Check
	Solf amployed	Occupatior Insurance		Sheek
	Receipt For:		Year-to-Date ▼	7
	Primary General			1
	Other (specify) ▼		400.00	
S	UBTOTAL of Receipts This Page (optional)			650.00
ட	22. 22 or recorpte tillo i ago (optional)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 100 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat- for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee	nancial Ad	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Ms. Sharon L. Sparling, CIC Mailing Address P.O. Box 1914 City Mount Vernon FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State WA C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Mr. Walter C. Sprye, Jr., CLU, C Mailing Address 101 Stoney Brook Rd. City Rocky Mount FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State NC C Occupation Insurance Aggregate		Date of Receipt M M M
- .	Full Name (Last, First, Middle Initial) Mr. Fred T. Stack Mailing Address 15402 Manning Dr. City Tampa FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State FL C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: R1681719 Amount of Each Receipt this Period 250.00 CA
s	UBTOTAL of Receipts This Page (optional)			341.20
T	OTAL This Period (last page this line number on	lv)	>	

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 74 / 100 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and F tee	inancial A	dvisors Political Action Com	mit-
۹.	Full Name (Last, First, Middle Initial) Mr. Lawrence Stack, CLU, ChFC			Date of Receipt
	Mailing Address 28411 Northwestern Hw			05 10 7 2007
	City	State	Zip Code	Transaction ID: R1678932
	Southfield	MI	48034-5543	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Angelo T. Stath			Date of Receipt
	Mailing Address 7821 Massachusetts			05 10 7 2007
	City	State	Zip Code	Transaction ID: R1679799
	Merriville	IN	46410-5531	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
 C.	Full Name (Last, First, Middle Initial) Mr. Nicholas John Stosic			Date of Receipt
	Mailing Address 9820 Dixon Lane			05 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1679507
	Reno	NV	89511-9455	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		126.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:	1	e Year-to-Date ▼	
	Primary General Other (specify) ▼		630.00	
SI	UBTOTAL of Receipts This Page (optional)			226.00
т	OTAL This Period (last page this line number or	ıly)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 75 / 100
	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and Staten for commercial purposes, other than using the nam	nents may	not be sold or used by any perso	on for the purpose of soliciting contributions
\ <u>\</u>	NAME OF COMMITTEE (In Full)	e and add	iress of any political committee to	Solicit contributions from Such committee.
\rangle	National Association of Insurance and Finatee	ancial Ad	dvisors Political Action Com	mit-
_	Full Name (Last, First, Middle Initial)			
Α.	Mr. David L. Stratton, CLU, ChFC,			Date of Receipt
	Mailing Address 13115 Beach Cir.			05 10 2007
	City	State	Zip Code	Transaction ID: R1679366
	Anchorage	AK	99515-3748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		105.00
	Name of Employer	Occupation	1	Payroll Deduction
	Self-employed	nsurance		
		Aggregate	Year-to-Date ▼	
	Primary General	-	580.00	
	Other (specify) ▼	1 1		
В.	Full Name (Last, First, Middle Initial) Mr. David L. Stratton, CLU, ChFC,			Date of Receipt
	Mailing Address 13115 Beach Cir.			05 18 2007
	City	State	Zip Code	Transaction ID: R1681701
	Anchorage	AK	99515-3748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		55.00
	Name of Employer C Self-employed	Occupation	1	Check
		nsurance		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		580.00	
_	Full Name (Last, First, Middle Initial)			5. (5
C.	Mr. Steven M. Stratton, LUTCF,CSA			Date of Receipt
	Mailing Address 17131 Parkview Dr			05 10 2007
	City	State	Zip Code	Transaction ID: R1677253
	Morgan Hill	CA	95037-6606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		105.00
	Salf amplayed '	Occupation Insurance		Payroll Deduction
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		525.00	1
	Other (specify) ▼	0 0	323.00	
s	UBTOTAL of Receipts This Page (optional)			265.00
\vdash	,			
т	OTAL This Period (last page this line number only)			

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 76 / 100 (check only one)		
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee	nancial Ac	dvisors Political Action Com	mit-		
۸.	Full Name (Last, First, Middle Initial) Mr. Michael W. Struebing, LUTCF, CLU			Date of Receipt		
	Mailing Address 16112 Parker Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City Omaha	State NE	Zip Code	Transaction ID: R1676856		
	FEC ID number of contributing federal political committee.	C	68118-2429	Amount of Each Receipt this Period 42.50		
	Name of Employer Self-employed	Occupation	e Agent	Payroll Deduction		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 212.50			
3.	Full Name (Last, First, Middle Initial) Mr. Robert A. Styrkowicz, CLU, LUTCF			Date of Receipt		
	Mailing Address 25 Monterey Drive			05 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City Vernon Hills	State II	Zip Code 60061-2332	Transaction ID: R1677417 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	30007 2002	56.50		
	Name of Employer Self-employed	Occupation		Payroll Deduction		
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 282.50			
 C.	Full Name (Last, First, Middle Initial) Mr. Stephen G. Summerlin, CFP			Date of Receipt		
	Mailing Address 4014 N. W. 15th Street			05 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City Gainesville	State FL	Zip Code 32605-1912	Transaction ID: R1679434 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		42.00		
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction		
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 210.00			
S	LIBTOTAL of Receipts This Page (optional)		_	141.00		
_	SUBTOTAL of Receipts This Page (optional)					

TOTAL This Period (last page this line number only)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 77 / 100				
	EMIZED RECEIPTS		or each category of the	(check only one)				
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17				
Δn	winformation copied from such Reports and States	mente may	y not be sold or used by any person					
or	y information copied from such Reports and Stater for commercial purposes, other than using the nam	ne and add	lress of any political committee to	o solicit contributions from such committee.				
\setminus	NAME OF COMMITTEE (In Full)							
\geq	National Association of Insurance and Fin tee	ancial Ac	dvisors Political Action Com	mit-				
	Full Name (Last, First, Middle Initial) Mr. Dennis P. Sunderman, CSA			Date of Receipt				
	Mailing Address 2325 Jeans Ct			05 10 2007				
	City	State	Zip Code	Transaction ID: R1677137				
	Signal Hill	CA	90755	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		105.00				
	Self-employed	Dccupation nsurance		Payroll Deduction				
			Year-to-Date ▼					
	Primary General			1				
	Other (specify)	0 0	420.00					
_	Full Name (Last, First, Middle Initial)							
В.	Mr. Dennis P. Sunderman, CSA			Date of Receipt				
	Mailing Address 2325 Jeans Ct			05 15 2007				
	City	State	Zip Code	Transaction ID: R1681779				
	Signal Hill	CA	90755	Amount of Each Receipt this Period				
	FEC ID number of contributing	С		-105.00				
	federal political committee.	<u> </u>						
	Name of Employer Self-employed	Occupation	1	─ RT				
		nsurance						
		Aggregate	Year-to-Date ▼					
	Primary General Other (specify)		420.00					
			0 0 0 0 0 0 0	1				
<u>с.</u>	Full Name (Last, First, Middle Initial) Mr. Joseph A. Sztapka			Date of Receipt				
	Mailing Address 3705 S. Judy Ave			M M / D D / Y Y Y Y				
	-	.		05 10 2007				
	City Sioux Falls	State SD	Zip Code 57103-7248	Transaction ID: R1677097				
	FEC ID number of contributing		37103-7240	Amount of Each Receipt this Period				
	federal political committee.	С		50.00				
	Name of Employer	Occupation	1	Payroll Deduction				
	Self-employed 1	nsurance						
		Aggregate	Year-to-Date ▼					
	Primary General Other (specify)	1 1	250.00					
	Other (specify)	1 1		1				
S	JBTOTAL of Receipts This Page (optional))	50.00				
	OTAL This Period (last page this line number only	\						

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 78 / 100				
ITEMIZED RECEIPTS	•	or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12				
Any information copied from such Reports and	l Statements may	y not be sold or used by any perso	13 14 15 16 17				
or for commercial purposes, other than using t	he name and add	dress of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) National Association of Insurance at tee	nd Financial A	dvisors Political Action Com	mit-				
Full Name (Last, First, Middle Initial) Mr. Jeffrey J. Taggart Mailing Address 1107 Cedar Ln.			Date of Receipt				
P.O. Box 2433	0	7' 0 1	05 10 2007				
City <u>Cody</u>	State WY	Zip Code 82414-2433	Transaction ID: R1679467				
FEC ID number of contributing federal political committee.	C	02414 2400	Amount of Each Receipt this Period 50.00				
Name of Employer Self-employed	Occupation Insurance	e Agent	Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial) Mr. Matthew S. Tassey			Date of Receipt				
Mailing Address 5 Reggio Ave.			05 10 7 Y Y Y Y Y Y Y				
City	State	Zip Code	Transaction ID: R1679848				
Old Orchard Beach	ME	04064-2709	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		72.00				
Name of Employer Self-employed	Occupation Insurance		Payroll Deduction				
Receipt For:		e Year-to-Date ▼					
Primary General Other (specify) ▼	0 0	360.00					
Full Name (Last, First, Middle Initial) 7. Mr. Michael G. Taylor, CLU, ChFC			Date of Receipt				
Mailing Address 543 Auwina Street			05 29 2007				
City	State	Zip Code	Transaction ID: R1681886				
Kailua	HI	96734-3426	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		125.00 Check				
Name of Employer Self-employed	Occupation Insurance		Grieck				
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00					
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)						
TOTAL This Period (last page this line numb	er only)						

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NU	
	EMIZED RECEIPTS		or each category of the	(check only on	´ — —
••	LIVIIZED HEOLII 10		Detailed Summary Page	X 11a	11b 11c 12 14 15 16 17
Ar	y information copied from such Reports and Statemer	nts may	not be sold or used by any perso		
or	for commercial purposes, other than using the name a	and add	dress of any political committee to	solicit contributio	ons from such committee.
\setminus	NAME OF COMMITTEE (In Full)				
	National Association of Insurance and Finantee	cial Ad	dvisors Political Action Com	mit-	
Α.	Full Name (Last, First, Middle Initial)			Date of Re	ooint
A.	Mr. Benson B. Terrell, Jr.,CFP Mailing Address 9261 Lanier Rd			M M /	D D / Y Y Y Y
	Walling riddress 9201 Lamer Hu			0 5	10 2007
	City	tate	Zip Code	Transactio	n ID: R1677101
	<u>Lake Charles</u> <u>Lake Charles</u>	Α	70605	Amount of	Each Receipt this Period
	FEC ID number of contributing federal political committee.				50.00
	Name of Employer Occ	cupation	1	Payroll Ded	duction
	Self-employed		e Agent		
		gregate	Year-to-Date ▼		
	Primary General		234.00	1	
	Other (specify) ▼			J. L.	
— В.	Full Name (Last, First, Middle Initial) Mr. Earl A. Thompson, RFC, LUTCF			Date of Re	ceipt
	Mailing Address 21014 Pricewood Manor Ct.			M M /	10 / Y Y Y Y Y Y 2007
	City St	tate	Zip Code	Transactio	n ID: R1676814
	<u>Cypress</u> T	Χ	77433		Each Receipt this Period
	FEC ID number of contributing federal political committee.				42.00
	Name of Employer Occ Self-employed Inc	cupation	1	Payroll Dec	duction
	1115		e Agent		
		gregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		210.00		
	Cities (Specify)	0 0	0 0 0 0 0 0 0		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Brad Tison, CLU, ChFC,			Date of Re	ceipt
	Mailing Address 3216 Southern Woods Drive			M M /	D D / Y Y Y Y
				0.5	10 2007
		tate	Zip Code		n ID: R1676773
	Des Moines IA		50321	Amount of	Each Receipt this Period
	FEC ID number of contributing federal political committee.			D	50.40
	Solf amployed 1	cupation urance	n e Agent	Payroll Ded	auction
			Year-to-Date ▼		
	Primary General	1 1	252.00	1	
	Other (specify) ▼	252.00			
	LIPTOTAL of Descripto This Descriptorally				142.40
S	UBTOTAL of Receipts This Page (optional))	-	
Т	OTAL This Period (last page this line number only))	. L	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 100 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Filtee	nancial A	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. James Tucker, CLU Mailing Address P. O. Box 470397 City Fort Worth FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For:	State TX C Occupation Insurance Aggregate		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Primary General Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Mrs. Lynda D. Turner, LUTCF Mailing Address 1070 South Bosque Loop City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Bosque Farms FEC ID number of contributing federal political committee.	NM C	87068-9063	Amount of Each Receipt this Period 45.00
	Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	Occupation Insurance Aggregate		Payroll Deduction
 >.	Full Name (Last, First, Middle Initial) Ms. Charmaine Uhrig, LUTCF Mailing Address RR 1 Box 273A City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	Minatare FEC ID number of contributing federal political committee.	NE C	69356	Amount of Each Receipt this Period 42.50
	Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	Occupation Insurance Aggregate		Payroll Deduction
s	UBTOTAL of Receipts This Page (optional)			337.50
T	OTAL This Period (last page this line number onl	v)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 81 / 100
	· ·		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carimially Lage	13 14 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	ame and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and F	inancial Ad	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. Howard Raymond Utz, LUTCF			Date of Receipt
	Mailing Address PO Box 480			05 10 7 2007
	City	State	Zip Code	Transaction ID: R1679402
	Mars	PA	16046	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.50
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:		Year-to-Date ▼	-
	Primary General	riggrogato	Tour to Bute V	1
	Other (specify)		212.50	
В.	Full Name (Last, First, Middle Initial) Mr. Richard D. Vonderlage, CSA, LUTCF			Date of Receipt
	Mailing Address 15202 Sprague St			M M / D D / Y Y Y Y
				05 10 2007
	City	State	Zip Code	Transaction ID: R1679222
	Omaha	NE	68116	Amount of Each Receipt this Period
	FEC ID number of contributing			42.00
	federal political committee.	C		42.00
	Name of Employer	Occupation		Payroll Deduction
	Name of Employer Self-employed	Insurance		
	Receipt For:		Year-to-Date ▼	+
	Primary General	7.99.094.0	1 1 1 1 1 1 1 1	1
	Other (specify)		210.00	
	Tull Name (Last First Middle Initial)			1
C.	Full Name (Last, First, Middle Initial) Mr. Mark R. Warren, LUTCF			Date of Receipt
	Mailing Address 3603 Grandview			05 10 7 2007
	City	State	Zip Code	Transaction ID: R1679707
	Plainview	TX	79072-6625	Amount of Each Receipt this Period
	FEC ID number of contributing	C		42.00
	federal political committee.			Payroll Deduction
	Name of Employer Self-employed	Occupation		ayron beddonon
	Receipt For:	Insurance	e Agent Year-to-Date ▼	-
	Primary General	Aggregale	Toal-to-Date ▼	1
	Other (specify)		210.00	
		0 0	1 1 1 1 1 1 1	
0	JBTOTAL of Receipts This Page (optional)			126.50
\vdash	DE TAL OF HOOGING THIS LAGO (Optional)			

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 100 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee	nancial A	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Ms. Carolyn R. Watson, LUTCF Mailing Address 2032 Hollis City Abilene FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For:	State TX C Occupation Insurance Aggregate		Date of Receipt M M M
	Primary General Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Charles A. Webb Mailing Address 2516 Longview Ave. City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Roanoke FEC ID number of contributing federal political committee.	C	24014	Amount of Each Receipt this Period 42.50
	Name of Employer Self-employed Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Insurance Aggregate		Payroll Deduction
D .	Full Name (Last, First, Middle Initial) Mr. S. Mark Weeks, LUTCF, CLU Mailing Address 1389 South 500 East			Date of Receipt M M A A A A A A A A A A A A A A A A A
	City Salt Lake City	State UT	Zip Code 84105-2043	Transaction ID: R1679589 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	50.00
	Name of Employer Self-employed Receipt For: Primary General	Occupation Insurance Aggregate	e Agent Year-to-Date ▼	Payroll Deduction
	UBTOTAL of Receipts This Page (optional)		250.00	142.50
T	OTAL This Period (last page this line number on	v))	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 100 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the nan	ments may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fin	nancial A	dvisors Political Action Com	mit-
Α.	Self-employed 1	State VA C Occupation Insurance	e Agent e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: R1676531 Amount of Each Receipt this Period 50.40 Payroll Deduction
	Other (specify) ▼ Full Name (Last, First, Middle Initial)	0 0	252.00	
3.	Mr. Daniel J. Wells, LUTCF Mailing Address 18830 Los Hermanos Ran City	nch Rd State	Zip Code	Date of Receipt 0 5
	Valley Center FEC ID number of contributing federal political committee.	CA	92082-6808	Amount of Each Receipt this Period 45.00
	Self-employed 1	Occupation Insurance Aggregate		Payroll Deduction
Э.	Full Name (Last, First, Middle Initial) Mr. Daniel J. Wells, LUTCF Mailing Address 18830 Los Hermanos Ran	nch Rd		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1682070
	Valley Center FEC ID number of contributing federal political committee.	CA	92082-6808	Amount of Each Receipt this Period 50.00
	Self-employed	Occupation	e Agent	Credit Card
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
s	UBTOTAL of Receipts This Page (optional)			145.40
Т	OTAL This Period (last page this line number only	v)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 84 / 100 (check only one)			
	EIVIIZED NEGEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and F tee	inancial A	dvisors Political Action Com	mit-			
<u>′</u> Δ	Full Name (Last, First, Middle Initial) Mr. Lester E. Westgard, CLU			Date of Receipt			
٠.	Mailing Address 2714 26th Ave SW			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: R1676889			
	Fargo	ND	58103-5006	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		60.00			
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction			
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		300.00				
3.	Full Name (Last, First, Middle Initial) Mr. William T. Whitmore, Jr.,LUTCF			Date of Receipt			
	Mailing Address P. O. Box 4748			05 10 / Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: R1678948			
	Virginia Beach	VA	23454-0748	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		50.00 Payroll Deduction			
	Name of Employer Self-employed	Occupation Insurance		rayion Deduction			
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼	0 0	250.00				
 C.	Full Name (Last, First, Middle Initial) Mr. Irv Wiese, CLU, ChFC,			Date of Receipt			
	Mailing Address 318 Stamford Bridge Rd			05 10 / Y Y Y Y Y Y			
	Calumahia	State	Zip Code	Transaction ID: R1677477			
	Columbia	SC	29212	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		42.00 Payroll Deduction			
	Name of Employer Self-employed	Occupation		Payron Deduction			
	Receipt For:	Insurance Aggregate	e Year-to-Date ▼	-			
	Primary General Other (specify) ▼	99.79	210.00				
S	SUBTOTAL of Receipts This Page (optional)						
_	OTAL This Period (last page this line number or	ds A					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 100 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee	nancial A	dvisors Political Action Com	mit-
۹.	Full Name (Last, First, Middle Initial) Mr. Boyd Lee Williams Mailing Address 7023 W. Williamette Ave	ı		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1677213
	Kennewick FEC ID number of contributing federal political committee.	C	99336-1280	Amount of Each Receipt this Period 105.00
	Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	Occupation Insurance Aggregate		Payroll Deduction
3.	Full Name (Last, First, Middle Initial) Mr. Cliff F. Wilson, CLU, ChFC, Mailing Address 1458 W. Bahia Court			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1676745
	Gilbert FEC ID number of contributing federal political committee.	C	85233	Amount of Each Receipt this Period
	Name of Employer Self-employed	Occupation	e Agent	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 630.00	
) .	Full Name (Last, First, Middle Initial) Mr. Larry J. Winkelhake, CLU, ChFC			Date of Receipt
	Mailing Address 18600 Longview Ct			05 10 2007
	City Brookfield	State WI	Zip Code 53045	Transaction ID: R1678973
	FEC ID number of contributing federal political committee.	C	33043	Amount of Each Receipt this Period 90.00
	Name of Employer Self-employed	Occupation	e Agent	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
s	UBTOTAL of Receipts This Page (optional)			321.00
T	OTAL This Period (last page this line number on	lv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 86 / 100
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
		, ,	13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	itements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Association of Insurance and F	Financial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial) A. Mr. Barry L. Wolfe, CLU			Date of Receipt
Mailing Address 22578 Flamingo Street			05 03 7 2007
City Woodland Hills	State CA	Zip Code 91364-4916	Transaction ID: R1681453 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self-employed	Occupation Insurance		Credit Card
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Benjamin Bunn Woodard, Jr.			Date of Receipt
Mailing Address 109 Bristol Court			05 10 7 2007
City	State	Zip Code	Transaction ID: R1677321
Rocky Mount	NC	27803-1203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		46.75
Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		233.75	
Full Name (Last, First, Middle Initial) Mr. Edward A. Zabielski, Jr.			Date of Receipt
Mailing Address 104 Clay Ct.			M M / D D / Y Y Y Y Y O D D / 2007
City	State	Zip Code	Transaction ID: R1679822
Landenberg	PA	19350	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		105.00
Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 525.00	
SUBTOTAL of Receipts This Page (optional)			651.75
TOTAL This Period (last page this line number or	nly)		

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 87 / 100
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δn	y information copied from such Reports and Sta	tomente may	not be cold or used by any person	
or	or commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and F tee	inancial A	dvisors Political Action Com	mit-
۹.	Full Name (Last, First, Middle Initial) Mr. Charles D. Zaleski, CLU, ChFC			Date of Receipt
	Mailing Address 28400 Ridgethorne Ct			05 / 10 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1679053
	Rancho Palos Verde	CA	90275-3258	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General	33 - 3		1
	Other (specify)	0 0	210.00	
	Full Name (Last, First, Middle Initial) Mr. Alan R. Zalewski, CLU, ChFC,			Date of Receipt
	Mailing Address 6908 North 27th Street			05 10 7 2007
	City	State	Zip Code	Transaction ID: R1677552
	Tacoma	WA	98407-1002	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	250.00	
Э.	Full Name (Last, First, Middle Initial) Mr. Larry A. Zech			Date of Receipt
	Mailing Address 1047 Bishop St			05 09 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1681662
	San Luis Obispo	State CA	Zip Code 93401-4552	
	•		•	Transaction ID: R1681662 Amount of Each Receipt this Period 250.00
	San Luis Obispo FEC ID number of contributing federal political committee. Name of Employer	CA C Occupation	93401-4552	Transaction ID: R1681662 Amount of Each Receipt this Period
	San Luis Obispo FEC ID number of contributing federal political committee. Name of Employer Self-employed	CA C Occupation Insurance	93401-4552 n.e. Agent	Transaction ID: R1681662 Amount of Each Receipt this Period 250.00
	San Luis Obispo FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For:	CA C Occupation Insurance	93401-4552	Transaction ID: R1681662 Amount of Each Receipt this Period 250.00
	San Luis Obispo FEC ID number of contributing federal political committee. Name of Employer Self-employed	CA C Occupation Insurance	93401-4552 n.e. Agent	Transaction ID: R1681662 Amount of Each Receipt this Period 250.00
	San Luis Obispo FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General	CA C Occupation Insurance	93401-4552 10 e Agent Year-to-Date ▼	Transaction ID: R1681662 Amount of Each Receipt this Period 250.00
	San Luis Obispo FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General	CA C Occupation Insurance Aggregate	93401-4552 a Agent Year-to-Date ▼ 250.00	Transaction ID: R1681662 Amount of Each Receipt this Period 250.00 Credit Card

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 100 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F			
A.	Full Name (Last, First, Middle Initial) Mr. David G. Zick, CLU, ChFC Mailing Address 851 Adams Court City Bloomfield Hills FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State MI C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Mr. Stephen C. Zito, RFC, RFP,M Mailing Address 513 Shadow Cove Ln City Clover FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General	State SC C Occupation Insurance Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
С.	Full Name (Last, First, Middle Initial) Mr. Theodore J. Zouzounis, CLU Mailing Address 820 Mariposa Rd City Lafayette FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	State CA C Occupation Insurance Aggregate	Zip Code 94549	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	UBTOTAL of Receipts This Page (optional)			1217.50
т	OTAL This Period (last page this line number or	nlv)		31638.21

~	OUEDIU E D /EEO E OV			
50	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NE NUMBER: PAGE 89 / 100
IT	EMIZED DISBURSEMENTS	for each category of the		only one)
		Detailed Summary Page	X 21b	22 23 24 25 26 28a 28b 28c 29 30b
Δρ	y Information copied from such Reports and Statem	anta may not be cold or used		
	for commercial purposes, other than using the name			
Λ	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and Finatee	ancial Advisors Political A	Action Com	mit-
_	Full Name (Last, First, Middle Initial)			Transaction ID: D9353
A.	First Union Bank			Date of Disbursement
				05 M / 29 / Y Y Y Y Y
	Mailing Address One First Union Center			05 29 2007
		State Zip Code		Amount of Each Disbursement this Period
	Charlotte	NC 28288-1164		
	Purpose of Disbursement			516.57
	Bank Charges			
	Candidate Name		Category/	
			Туре	
		ement For:		
	Senate	Primary General		
	President	Other (specify)		
	State: District:			
В.	Full Name (Last, First, Middle Initial)			Transaction ID: D9352
Ь.	NAIFA			Date of Disbursement
	Mailing Address 2901 Telestar Court			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	2901 Telestar Court			20 200
		State Zip Code		Amount of Each Disbursement this Period
	Falls Church	VA 22042-1205		
	Purpose of Disbursement			25607.97
	Payroll, Benefits, Supplies, Copies,			
	Candidate Name		Category/	
			Type	
		ement For:		etc.
	Senate	Primary General		
	President	Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	26124.54
TOTAL This Period (last page this line number only)	•	26124.54

President District:

State:

SCHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)	FOR LINE N		AGE 90 / 100
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 X 23 24 28a 28b 28c	25 26 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	•			
Full Name (Last, First, Middle Initial) A. Akaka for Senate in 2006 Meiling Address - Best Office Bay 2100			Transaction ID: D9318 Date of Disbursement	^Y 2007
Mailing Address Post Office Box 3169				2007
,	State Zip Code HI 96802		Amount of Each Disburs	ement this Period
Purpose of Disbursement Contr. Daniel Kahikina Akaka (HI-D-US	Г			2000.00
Candidate Name Daniel Kahikina Akaka	C	Category/ Type		
Office Sought: House Disburse X Yesident State: HI District:	nent For: 2012 Primary General Other (specify) ▼		Senate)	
Full Name (Last, First, Middle Initial) 3. Allyson Schwartz for Congress			Transaction ID: D9303 Date of Disbursement	
Mailing Address P.O. Box 45706			M M / D D / D S / D S / D S	2007
	Nata 7in Oada			
•	State Zip Code PA 19149		Amount of Each Disburs	
Purpose of Disbursement Contr. Allyson Y. Schwartz (PA-13-D-US				1000.00
Candidate Name Allyson Y. Schwartz		Category/ Type		
Office Sought: X House Senate President State: PA District: 13	nent For: 2008 Primary General Other (specify)		House)	
Full Name (Last, First, Middle Initial)			Transaction ID: D9289	
Bachmann for Congress			Date of Disbursement	y
Mailing Address PO Box 49756			05 01 /	² 0 0 7 ²
,	State Zip Code MN 55449		Amount of Each Disburs	
Purpose of Disbursement Contr. Michele Bachmann (MN-6-R-US				2500.00
Candidate Name Michele Bachmann	C	Category/ Type		
Office Sought: X House Senate President State: MN District: 06	nent For: 2008 Primary General Other (specify)		House)	
SUBTOTAL of Disbursements This Page (optional)				5500.00
TOTAL This Period (last page this line number only)				

SCHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)	FOR LINE I		AGE 91 / 100
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 X 23 24 28a 28b 28c	25 26 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	•			
Full Name (Last, First, Middle Initial) Bachus for Congress Mailing Address - B. C. B 50444			Transaction ID: D9291 Date of Disbursement	^Y 2007
Mailing Address P O Box 59444			0 0 1	2007
,	State Zip Code AL 35259		Amount of Each Disburs	ement this Period
Purpose of Disbursement Contr. Spencer Thomas Bachus, III		•		5000.00
Candidate Name Spencer Thomas Bachus, III		Category/ Type		
Office Sought: X House Disburse Senate President State: AL District: 06	nent For: 2008 Primary General Other (specify)		(AL-6-R-US House)	
Full Name (Last, First, Middle Initial)			Transaction ID: D9292	
Brad Miller Congressional Campaign			Date of Disbursement	Y Y Y Y Y
Mailing Address PO Box 20307			0 5 0 1	Y ŽOÕ7
,	State Zip Code NC 27619		Amount of Each Disburs	ement this Period
Purpose of Disbursement Contr. Bradley Miller (NC-13-D-US House)				2000.00
Candidate Name Bradley Miller		Category/ Type		
Office Sought: X House Senate President State: NC District: 13	nent For: 2008 Primary General Other (specify)			
Full Name (Last, First, Middle Initial) Brown-Waite for Congress			Transaction ID: D9302 Date of Disbursement	
Mailing Address 704 Ponce De Leon Blvd			$\begin{bmatrix} 0 & 5 & M \\ 0 & 5 & M \end{bmatrix}$	Y ŽOÕ7
•	State Zip Code FL 34601		Amount of Each Disburse	
Purpose of Disbursement Contr. Virginia Brown-Waite (FL-5-R-US		•		2500.00
Candidate Name Virginia Brown-Waite		Category/ Type		
Office Sought: X House Senate President State: FL District: 05	nent For: 2008 Primary General Other (specify)		House)	
SUBTOTAL of Disbursements This Page (optional)				9500.00
TOTAL This Period (last page this line number only)				

SCILDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check only	NUMBER: PAGE 92 / 100 / one)			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b		
Any Information copied from such Reports and Sta or for commercial purposes, other than using the r						
NAME OF COMMITTEE (In Full)	arie and address of any political co	Jillillillee lo so	icit contributions no	III Such committee		
National Association of Insurance and I tee	inancial Advisors Political Ac	tion Commi	t-			
Full Name (Last, First, Middle Initial)			Transaction ID:	D9293		
Cantor for Congress			Date of Disburse			
Mailing Address P. O. Box 17813			05 / 0	1 2007		
City	State Zip Code		Amount of Each	Disbursement this Period		
Richmond Purpose of Disbursement	VA 23226			1000.00		
Contr. Eric I. Cantor (VA-7-R-US House)						
Candidate Name Eric I. Cantor		Category/ Type				
Office Sought: X House Disbrict Senate President	rsement For: 2008 X Primary General Other (specify) ▼					
State: VA District: 07						
Full Name (Last, First, Middle Initial) 3. Citizens for Tom Petri			Transaction ID:			
Citizens for form Petri			Date of Disburse			
Mailing Address P.O. Box 270			0.5	9 7 2007		
City Fond Du Lac	State Zip Code WI 54936		Amount of Each	Disbursement this Period		
Purpose of Disbursement Contr. Thomas E. Petri (WI-6-R-US House)				1000.00		
Candidate Name Thomas E. Petri		Category/ Type				
Office Sought: X House Senate President State: WI District: 06	rsement For: 2008 X Primary General Other (specify) ▼					
Full Name (Last, First, Middle Initial)			T	D0010		
Clay Jr. for Congress			Transaction ID: Date of Disburse	ment		
Mailing Address 625 N Euclid Avenue,	Suite 200		0 5 1	5 7 20077		
City St. Louis	State Zip Code MO 63108		Amount of Each	Disbursement this Period		
Purpose of Disbursement Contr. William Lacy Clay, Jr. (MO-1-D-US		•		1000.00		
Candidate Name William Lacy Clay, Jr.		Category/ Type				
Office Sought: X House Disbute Senate President State: MO District: 01	rsement For: 2008 X Primary General Other (specify)		House)			
SUBTOTAL of Disbursements This Page (option	al)			3000.00		
TOTAL This Period (last page this line number of	lly)					

			FOR LINE		R:	PA	GE	93 / 1	00		
IT	EMIZED DISBURSEMENTS	for each ca	ategory of the Summary Page		(check on 21b 27	22 28a	X 23 28b	24 28c	Н	25 29	26 30b
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam										3
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fin tee						100110110	om odom			
	Full Name (Last, First, Middle Initial)					Trans	action ID	: D9301			
۹.	Clyburn for Congress						of Disburs				
	Mailing Address P.O. Box 12567					0 ^M 5	M / D	3 /	ž	0 ŏ 7	Y
	City Columbia	State SC	Zip Code 29211			Amou	nt of Each	n Disburse	ment	this P	'eriod
	Purpose of Disbursement Contr. James E. Clyburn (SC-6-D-US			Г		<u> </u>			2	500.0	00
	Candidate Name James E. Clyburn				tegory/ Γype						
	Senate X President	ement For: Primary Other (spec	2008 General			House	e)				
	State: SC District: 06 Full Name (Last, First, Middle Initial)										
3.	Dan Burton for Congress					Date	action ID of Disburs	ement	, °	* W *	V
	Mailing Address Box 50593					0 5	M / D	9 /	ž	0 ŏ 7	Y
	City Indianapolis	State IN	Zip Code 46250			Amou	nt of Each	n Disburse	ment	this P	eriod
	Purpose of Disbursement Contr. Dan Burton (IN-5-R-US House)								2	0.00.0	00
	Candidate Name Dan Burton				tegory/ Γype						
	Senate X President	ement For: Primary Other (spec	2008 General								
	State: IN District: 05 Full Name (Last, First, Middle Initial)					Trans	action ID	· D0207			
Э.	Forbes for Congress						of Disburs				
	Mailing Address PO Box 15100					0 5	M / D	01	ž	0 ŏ 7	Y
	City Chesapeake	State VA	Zip Code 23328			Amou	nt of Each	n Disburse	ment	this P	eriod
	Purpose of Disbursement Contr. J. Randy Forbes (VA-4-R-US House)				•				10	000.0	00
	Candidate Name J. Randy Forbes				itegory/ Γype						
		ement For: Primary Other (spec	2008 General								
s	UBTOTAL of Disbursements This Page (optional)				▶				55	500.0	0
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IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check or 21b 27	22 28a	X 23 28b	24 28c	$\begin{bmatrix} 2 \\ 2 \end{bmatrix}$		26 30b
	y Information copied from such Reports and Statem or commercial purposes, other than using the name									
\rangle	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	· · · · · · · · · · · · · · · · · · ·							···	
۹.	Full Name (Last, First, Middle Initial) Friends of Mike Ferguson Mailing Address 16 Mount Bethel Road St	uite 353				saction ID: of Disburse	ment	′ž0	ý 7 ^Y	
	,	State Zip Code NJ 07059			Amou	ınt of Each I	Disburse	ment th	nis Peri	od
	Purpose of Disbursement Contr. Mike Ferguson (NJ-7-R-US House)] L.			500	00.00	
	Candidate Name Mike Ferguson			tegory/ Γype						
	9 11	ment For: 2008 Primary General Other (specify)								
3.	Full Name (Last, First, Middle Initial) Garrett for Congress					saction ID: of Disburse				
	Mailing Address PO Box 905				0 ^M 5	M / D O	9 / `	Ž0	0 7 Y	
	,	State Zip Code NJ 07860			Amou	int of Each	Disburse			od
	Purpose of Disbursement Contr. Scott Garrett (NJ-5-R-US House) Candidate Name	Category/			L.			250	00.00	
	Scott Garrett			Гуре						
		ment For: 2008 Primary General Other (specify)								
Э.	Full Name (Last, First, Middle Initial) Gordon Smith for US Senate				Date	saction ID: of Disburse	ment			
	Mailing Address 5285 SW Meadows Road	I #181			0 ^M 5	M / D 0	3 / _ `	Ž0	0 7 Y	
	Lake Oswego	State Zip Code OR 97035			Amou	int of Each	Disburse		nis Perio	od
	Purpose of Disbursement Contr. Gordon H. Smith (OR-R-US Senate) Candidate Name		Ca	itegory/				100	30.00	
	Gordon H. Smith	ment For: 2008		Гуре	_					
	Office Sought: House Disburse X Senate President State: OR District:	ment For: 2008 Primary X General Other (specify)								
S	UBTOTAL of Disbursements This Page (optional) .			•				850	00.00	
	OTAL This Period (last page this line number only)									

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Τ	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check on 21b 27	22 28a	X 23 28b	24 28c	25 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name								ns
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee						<u></u>		
۹.	Full Name (Last, First, Middle Initial) Ken Calvert For Congress Mailing Address PO Box 1414				Date	saction ID: of Disburse		ž 0 ď	7 ^Y
		State Zip Code			Amou	int of Each	Dieburea	ment this	Period
	Riverside	CA 92502			Alliou	III OI Lacii	Disbuisei		
	Purpose of Disbursement Contr. Ken Calvert (CA-44-R-US House)				L.			1500.	00
	Candidate Name Ken Calvert			tegory/ ype					
		ment For: 2008 Primary General Other (specify)							
_	Full Name (Last, First, Middle Initial)				Trans	action ID:	D9315		
Э.	Lee Terry for Congress				M	of Disburse	ement	YYY	Y
	Mailing Address P.O. Box 540098				0.5	2	2	žoŏ	/
	•	State Zip Code NE 68154			Amou	int of Each	Disburse	ment this	Period
	Purpose of Disbursement Contr. Lee Terry (NE-2-R-US House)				<u> </u>			1000.	00
	Candidate Name Lee Terry			egory/ ype					
		ment For: 2008 Primary General Other (specify)							
	Full Name (Last, First, Middle Initial) LoBiondo for Congress					saction ID:			
					0 5	of Disburse	D / Y	žoŏ	7 ^Y
	Mailing Address PO Box 775								
	•	State Zip Code NJ 08223			Amou	int of Each	Disburse		
	Purpose of Disbursement Contr. Frank A. LoBiondo (NJ-2-R-US							1000.	00
	Candidate Name Frank A. LoBiondo			egory/ ype					
		ement For: 2008 Primary General Other (specify)	1		House	∋)			
s	UBTOTAL of Disbursements This Page (optional) .			•				3500.	00
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	CHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s))		E NUMBEF	₹:	PAGE	96 /	100
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check on 21b 27	22 28a	X 23 28b	24 28c	25 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name								s
\rangle	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	· · · · · · · · · · · · · · · · · · ·							
۹.	Full Name (Last, First, Middle Initial) Maloney for Congress Mailing Address 49 East 92nd Street					f Disbursemen	nt	ž 0 0 7	, Y
		State Zip Code			Amoun	nt of Each Disl	ourcomo	nt thic F	Period
	New York	NY 10128			Amour	ILOI EACH DISI			
	Purpose of Disbursement Contr. Carolyn B. Maloney (NY-14-D-US							2500.0	JU
	Candidate Name Carolyn B. Maloney		ı	tegory/ Гуре					
		ement For: 2008 Primary General Other (specify)			House)			
3.	Full Name (Last, First, Middle Initial) Nelson 2012					action ID: D9	-		
	Mailing Address PO Box 8666				0.5	0 1	/ Y	ž o ŏ 7	, ^Y
	,	State Zip Code NE 68108			Amour	t of Each Disl			
	Purpose of Disbursement Contr. Ben Nelson (NE-D-US Senate)							1000.0	00
	Candidate Name Ben Nelson		ı	tegory/ Γype					
		ement For: 2012 Primary General Other (specify)	•						
_	Full Name (Last, First, Middle Initial)					ction ID: D9			
Ĵ.	Porter for Congress					f Disbursemer		ΥΥΥ	Υ
	Mailing Address PO Box 26087				05	01		ž o ŏ 7	
	,	State Zip Code NV 89126			Amour	t of Each Disl			-
	Purpose of Disbursement Contr. Jon C. Porter (NV-3-R-US House)				<u> </u>			1500.0	00
	Candidate Name Jon C. Porter			tegory/ Type					
	9 17	ment For: 2008 Primary General Other (specify)							
s	UBTOTAL of Disbursements This Page (optional) .			•			į	5000.0	00
T	OTAL This Period (last page this line number only)			•					

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TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 28a	X 23 28b	24 28c	25 29	26 30b
Any Information copied from such Reports and Statem							s
or for commercial purposes, other than using the name	and address of any political co	ommittee to	Solicit cont	ributions	from such (committee	
NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	ncial Advisors Political Ac	tion Com	mit-				
Full Name (Last, First, Middle Initial)			Trans	saction II	D : D9295		
A. Rob Andrews For Congress				of Disbur			_
Mailing Address Ellisburg Plaza 20 Brace Street, Suite 20	0		0 ^M 5	M / D	01	žoŏ7	7 ^Y
	State Zip Code		Amo	unt of Eac	ch Disburse	ement this F	Period
Cherry Hill Purpose of Disbursement	NJ 08034					1000.0	00
Contr. Robert E. Andrews (NJ-1-D-US							
Candidate Name Robert E. Andrews		Category/ Type					
X X	ment For: 2008 Primary General Other (specify)		Hous	e)			
Full Name (Last, First, Middle Initial)			Tron	aastian II	D. D0000		
3. Rob Andrews For Congress				of Disbur		Y	Y
Mailing Address Ellisburg Plaza 20 Brace Street, Suite 20	0		0 5		02/	žoŏ7	7
,	State Zip Code NJ 08034		Amo	unt of Eac	ch Disburse		
Purpose of Disbursement Contr. Robert E. Andrews (NJ-1-D-US			L.			1500.0	00
Candidate Name Robert E. Andrews		Category/ Type					
	ment For: 2008 Primary General Other (specify)		Hous	e)			
Full Name (Last, First, Middle Initial)			Tron	aastian II	D : D9290		
Roskam for Congress Committee			-	of Disbur			
Mailing Address 423 W. Wesley Street			0 ^M 5	M / D	01	žoŏ7	7 ^Y
,	State Zip Code IL 60189		Amo	unt of Eac	ch Disburse	ement this F	Period
Purpose of Disbursement Contr. Peter Roskam (IL-6-R-US House)			7 L.			2500.0	00
Candidate Name Peter Roskam	-	Category/ Type					
	ment For: 2008 Primary General Other (specify)						
SUBTOTAL of Disbursements This Page (optional)						5000.0	00
TOTAL This Period (last page this line number only)							

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TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a		24	25 29	26 30b
Any Information copied from such Reports and Statem							•
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	e and address of any political co	ommittee to so	icit contribu	uons from su	CH COMIN	щее	
National Association of Insurance and Finatee	ancial Advisors Political Ac	tion Commi	:-				
Full Name (Last, First, Middle Initial)			Transact	ion ID: D93	05		
Salazar for Senate)isbursement		· V · V	
Mailing Address 1100 Bancock Street			0 5	09	2	0 0̈́ 7 Š	
•	State Zip Code		Amount o	of Each Disb	ursement	this Pe	riod
Denver Purpose of Disbursement	CO 80204				50	00.00)
Contr. Ken L. Salazar (CO-D-US Senate)					-	•	-
Candidate Name Ken L. Salazar		Category/ Type					
	ment For: 2010						
X Senate X President	Primary General Other (specify) ▼						
State: CO District:	Canon (opening)						
Full Name (Last, First, Middle Initial)			Transact	ion ID: D92	87		
Tiberi for Congress				isbursement			_
Mailing Address 2021 E. Dublin Granville Suite 2000	Rd # 2000		0 5	01	y y	0 0̈́7 ̈́	
City Columbus	State Zip Code OH 43229		Amount o	of Each Disb	ursement	this Pe	riod
Purpose of Disbursement	On 43229				50	00.00)
Contr. Patrick J. Tiberi (OH-12-R-US							
Candidate Name Patrick J. Tiberi		Category/ Type					
v /	ment For: 2008 Primary General Other (specify)		House)				
State: OH District: 12							
Full Name (Last, First, Middle Initial) Tom Davis For Congress				ion ID: D93 Disbursement			
Mailing Address P.O. Box 483			05	23	y y 2	0 0̈́7 ̈́	
City Dunn Loring	State Zip Code VA 22027		Amount o	of Each Disb			-
Purpose of Disbursement Contr. Thomas M. Davis, III (VA-11-R-US					2	500.00)
Candidate Name Thomas M. Davis, III		Category/ Type					
	ment For: 2008 Primary General Other (specify)		House)				
SUBTOTAL of Disbursements This Page (optional)					125	00.00	
					F00	00.00	
TOTAL This Period (last page this line number only)					580	00.00	,

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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 99 / 100			
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	y one) 22 23 24 25 26 X 28a 28b 28c 29 30b			
	y Information copied from such Reports and S for commercial purposes, other than using the						
$\overline{\ }$	NAME OF COMMITTEE (In Full)						
/	National Association of Insurance and tee	Financial Advisors Political Advisors	ction Commi	it-			
	Full Name (Last, First, Middle Initial)			Transaction ID: D9309			
٩.	Mr. Richard L. Hoover		Date of Disbursement				
	Mailing Address 2920 S. Jones Blvd.	#110A		05 14 7 2007			
	City	State Zip Code		Amount of Each Disbursement this Period			
	Las Vegas	NV 89146					
	Purpose of Disbursement Refund to Individual			1000.00			
	Candidate Name		Category/ Type				
	Office Sought: House Dis	oursement For:					
	Senate	Primary General					
	President	Other (specify)					
	State District						

		4000.00
SUBTOTAL of Disbursements This Page (optional)	>	1000.00
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PAGE 100 / 100

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AME OF COMMITTEE (In Full)				X 10			
lational Association of Insurance and Fina ee 	ncial Advisors Political Action Co	mmit-					
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NAIFA				Nature of Debt (Purpose): Payroll, Benefits, Supplies, Copies, etc			
Mailing Address 2901 Telestar Court							
City State Falls Church VA	ZIP Code 22042-1205						
Outstanding Balance Beginning This Period			Trar	nsaction ID: DD#7711			
61613.07							
Amount Incurred This Period	Payment This Period	(Outstandin	ng Balance at Close of This Period			
0.00	25607.9	7		36005.10			
) SUBTOTALS This Period This Page (optional	1)	►		36005.10			
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) ADD 2) and 3) and carry forward to appropriat	te line of Summary Page (last page only	·) •					